Form **5500** 

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

### Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2002

This Form is Open to

Pension Benefit Guaranty Corporation the instructions	to the Form 5500.	Public Inspection
Part Annual Report Identification Information		
For the calendar plan year 2002 or fiscal plan year beginning $\frac{10}{01}$	, and ending	·
A This return/report is for: (1) a multiemployer plan; (2) a single-employer plan (other than a multiple-employer plan);	(3) a multiple-employer plan; or (4) a DFE (specify)	- - -
B This return/report is:  (1) the first return/report filed for the plan;  (2) an amended return/report;  C If the plan is a collectively-bargained plan, check here  D If filing under an extension of time or the DFVC program, check box and at		• •
Basic Plan Information — enter all requested information		
1a Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL	1b Three-digit	N) 001
LABORATORY EMPLOYEE INVESTMENT PLAN	plan number (P  1c Effective date of 07/01/1966	<u>, - 1</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan	a) 2b Employer ident	fication Number (EiN) 94-3323797
(Address should include room or suite no.) BECHTEL BWXT IDAHO, LLC	2c Sponsor's telep	hone number
	26 350,133, 5 13,13	208-526-0066
	2d Business code	(see instructions)
PO BOX 1625  IDAHO FALLS  ID	83415-3200	541990
Caution: A penalty for the late or incomplete filing of this return/report will be a		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have as the electronic version of this return/report if it is being filed electronically, and to the best of my kings.	e examined this return/report, including accompanying schedules, s	atements and attachments, as w
Signature of plan administrator Date	Type or print name of individual signing as plan	administrator
SIGN Candage Wilkinson 5-6-04	CANDACE F. WILKINSON	
	Type or print name of individual signing as employer, plan sponsor	or DFE
For Paperwork Reduction Act Notice and OMB Control Numbers, see the	he instructions for Form 5500. v5.0	Form <b>5500</b> (2002)



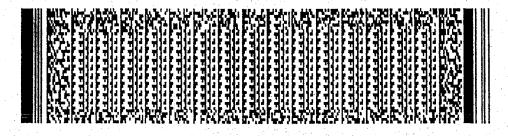


	Form 5500 (2002) F	Page <b>2</b>	L	
				Official Use Only
a	Plan administrator's name and address (If same as plan sponsor, enter "Same")	3b Admin	istrator's E	IN .
AA?	<b>1E</b>			
		3c Admin	istrator's te	elephone number
1	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, e	nter the name	,	b EIN
•	EIN and the plan number from the last return/report below:			
а	Sponsor's name			c PN
a				
	Preparer information (optional) a Name (including firm name, if applicable) and address			b EIN
9	Prepare information (optional) a mattie (including first fiathe, it applicable) and address			<b>D L</b>
			l	
				C Telephone number
				o reichiorie tratimei
		•	* *	
			6	6189
<u>6</u>	Total number of participants at the beginning of the plan year		···   0	
7	realistic of participation at of the order of the plant year (world o plant of the order of the	c, and 7d)	7-	4613
а	Active participants		<u>7a</u>	167
þ	Retired or separated participants receiving benefits		<u>7b</u>	1338
C	Other retired or separated participants entitled to future benefits		<u>7c</u>	6118
d	Subtotal. Add lines 7a, 7b, and 7c	. <b></b> .	<mark>7d</mark>	4
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		<u>7e</u>	6122
f	Total, Add lines 7d and 7e		7f	6142
g	Number of participants with account balances as of the end of the plan year (only defined contribution	plans		6092
	complete this item)		<u>7</u> g	6092
h	Number of participants that terminated employment during the plan year with accrued benefits that were	re less than		27
	100% vested		<u>7h</u>	27
i	If any participant(s) separated from service with a deferred vested benefit, enter the number of separate	ed		076
	participants required to be reported on a Schedule SSA (Form 5500)		7i	276
8	Benefits provided under the plan (complete 8a and 8b as applicable)			
а	X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension	ion feature cod	ies from th	e List of Plan
	Characteristics Codes printed in the instructions): 2E 2F 2G 2J 2K	النا لنا		
b	Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare	e feature code	s from the	List of Plan
	Characteristics Codes printed in the instructions):			
_				
9a	Plan funding arrangement (check all that apply)  9b Plan benefit arrangement	ement (check	all that app	ly)
	(1) Insurance (1) Insurance		٠.	
	(2) Code section 412(i) insurance contracts (2) Code section	on 412(i) insur	ance contr	acts
	(3) Trust			
		sets of the sp	onsor	
-				,
	■ III 新的专业的代码的现在分词企为经验的经验的证据,如此是可能是可能是可能是对现在的证据的证据。			
	THE PARTY PROPERTY OF THE PROP	1		
	■ IIII CCCFE コリンと コリンと コリンと コリンと コリンと コリンと コリンと コリンと			
	<b>三国用 医克洛斯氏外部溶射 结束的代数形态 用语人 法统治 建硬化砂锅 经市场比较的 海边域系统 医线性现象 计对键 国</b> 门			

Form	5500	(2002)

P	ad	8	3

		Official Use Only
10	Schedules attached (Check all applicable boxes and, where indicated, en	ter the number attached. See instructions.)
a	Pension Benefit Schedules	b Financial Schedules
	(1) X R (Retirement Plan Information)	(1) X H (Financial Information)
	(2) X 1 T (Qualified Pension Plan Coverage Information)	(2) [   Financial Information - Small Plan)
	If a Schedule T is not attached because the plan	(3) X 20 A (Insurance Information)
J	is relying on coverage testing information for a	(4) C (Service Provider Information)
	prior year, enter the year	(5) D (DFE/Participating Plan Information)
	(3) B (Actuarial Information)	(6) G (Financial Transaction Schedules)
 	(4) E (ESOP Annual Information)	(7) X 1 P (Trust Fiduciary Information)
	(5) SSA (Separated Vested Participant Information)	





#### SCHEDULE A (Form 5500)

Department of the Treasury internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

### Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

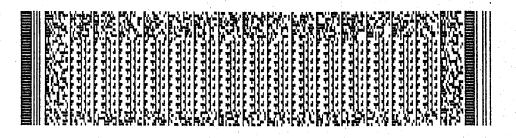
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OMB No. 1210-0110

2002

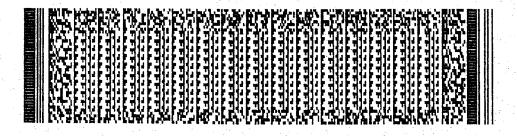
This Form is Open to Public Inspection

Pension Benefit Guar	anty Corporation		pursuant to E	RISA section 103(a)	)(2).			lic Inspection	
For calendar year 200	02 or fiscal pla	n year beginning	10/01/2002		and ending	09/30/2	:003		
A Name of plan IDAHO NATION	AL ENGIN	EERING AND EN	NVIRONMENTAL	LABORATORY		B Three-dig		. (	001
C Plan sponsor's n BECHTEL BWXT		on line 2a of Form 55 LLC	00			D Employe	r Identific	ation Number 94~33237	
Provid		oncerning Insuration a Schedule A.			-			ın be	
1 Coverage:		•							
			(a) Name of in	surance carrier					
AIG FINANCIA	<i>,</i>	TS						•	
(b) EIN	(c) NAIC	(d) Contract (		pproximate number at end of policy or o			· · · · · · · · · · · · · · · · · · ·	ntract year	
· ·	00000	336915 (1) as paid to agents, brok	ers and other person	s. Enter the total fee	353 s and total co	mmisions belo	2002 w and list	(g) To 09/30/200 agents,	3
brokers and other	persons indiv	idually in descending	order of the amount p	aid in the items on t	the following p	age(s) in Part l	<u>.                                    </u>		
·			To	als					
	Total amou	nt of commissions pai	d		Tota	fees paid / an	nount		<u>.</u>
			0						0
For Paperwork Red	uction Act N	otice and OMB Cont	rol Numbers, see th	e Instructions for	Form 5500.	v5.0 \$	Schedule	A (Form 5500)	) 2002



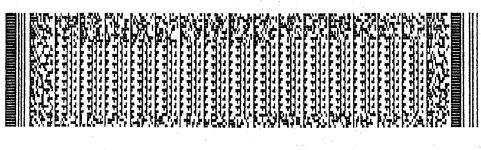


		Page :	 Use Only
		ddress of the agents, brokers or other om commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
	(c) Amount	(d) Purpose	code
	(a) Name and a persons to wh	ddress of the agents, brokers or other com commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
commissions pard	(c) Amount	(d) Purpose	code
	(a) Name and a persons to wh	ddress of the agents, brokers or other normissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
commodo pad	(c) Amount	(d) Purpose	code





	Schedule A (Form 5500) 2002 Page 3	Official Use Only
ö	att II Investment and Annuity Contract Information	
0.000	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be to	eated as a unit for
	purposes of this report.	
3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
а	State the basis of premium rates	·
b	Premiums paid to carrier	
C		
d		
	or retention of the contract or policy, enter amount	
_	Specify nature of costs	
6	Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify)	
£	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
<u>-</u> ⊹	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	<u>                                     </u>
_	Type of contract (1) deposit administration (2) immediate participation guarantee	
_	(3) guaranteed investment (4) other (specify below)	
	<b>(4)</b>	
b	Balance at the end of the previous year	24637076
C	3000000	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	<u> </u>	4242726
	(6) Total additions	28879802
C	Total of balance and additions (add b and c)	20013002
е	· · · · · · · · · · · · · · · · · · ·	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier (3) Transferred to separate account	
	(4) Other (specify below)	
	<b>▶</b>	
	(E) Total deductions	0





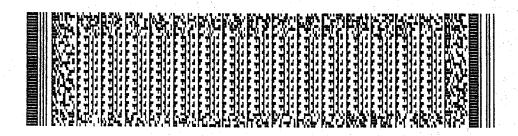
	Schedule A	(Form	55001	200
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Page 4	4
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Part III	Welfare Benefit Contract Information
	If more than one contract covers the same group of employees of
	employee organization(s), the information may be combined for rep

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7	Benefit and contract type (check all applicable boxes)
	a Health (other than dental or vision) b Dental C Vision d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug
	i Stop loss (large deductible) j HMO contract k PPO contract I Indemnity contract
·	m ☐ Other (specify) ►
8	Experience-rated contracts
a	Premiums: (1) Amount received
	(2) Increase (decrease) in amount due but unpaid
	(3) Increase (decrease) in unearned premium reserve
	(4) Earned ((1) + (2) - (3))
b	Benefit charges: (1) Claims paid
	(2) Increase (decrease) in claim reserves
	(3) Incurred claims (add (1) and (2))
	(4) Claims charged
C	Remainder of premium: (1) Retention charges (on an accrual basis)
	(A) Commissions
	(B) Administrative service or other fees
-112	(C) Other specific acquisition costs
	(D) Other expenses
	(E) Taxes
	(F) Charges for risks or other contingencies
	(G) Other retention charges
	(H) Total retention
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement
	(2) Claim reserves
	(3) Other reserves
е	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)
9	Nonexperience-rated contracts:
а	Total premiums or subscription charges paid to carrier
þ	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
	Specify nature of costs ▶





# SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

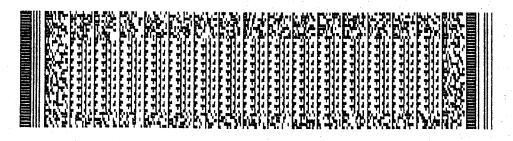
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2002

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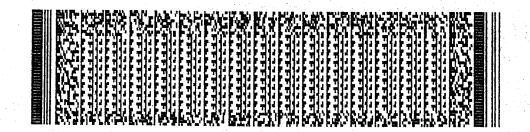
				I TION SECTION TOOKS	<u>(/\∠/.</u>	, ,	anne maheemon
For calendar year 20	02 or fiscal pla	an year beginning 10/0:	1/2002		and ending	09/30/2003	
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	MENTAL	LABORATORY	EMPL	B Three-digit	<b>D</b> 001
BECHTEL BWXT	ame as shown	on line 2a of Form 5500 LLC					ification Number 94-3323797
Provid		Oncerning Insurance C for each contract on a separate Schedule A.					l can be
1 Coverage:							
		(a)	Name of in	surance carrier			
AIG LIFE GIC							
(b) EIN	(c) NAIC	(d) Contract or	(e) A	pproximate number	of persons	Policy or	contract year
(D) CIN	code	identification number		at end of policy or		(f) From	(g) To
04-1867050	00000	18325			353	6 10/01/2002	09/30/2003
2 Insurance fees a brokers and other	nd commission persons indiv	ns paid to agents, brokers and o ridually in descending order of t	other person he amount p	s. Enter the total fed paid in the items on	es and total co the following p	mmisions below and I	ist agents,
				als		-	
	Total amou	nt of commissions paid			Tota	l fees paid / amount	••• • • • • • • • • • • • • • • • • •
			. 0				0
For Paperwork Red	uction Act N	otice and OMB Control Numb	ers, see th	e Instructions for	Form 5500.	v5.0 Schedu	ıle A (Form 5500) 2002





		Page 2	l Use Only
	(a) Name and a persons to w	address of the agents, brokers or other thom commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
	(c) Amount	(d) Purpose	code
	(a) Name and a persons to w	address of the agents, brokers or other hom commissions or fees were paid	
(b) Amount of		Fees paid	(e) Organization
commissions naid	(c) Amount	(d) Purpose	code
commissions paid	(C) Alliquit		
commissions paid	(C) Amount		

(b) Amount of commissions paid	Fees paid			
	(c) Amount	(d) Purpose	Organization code	

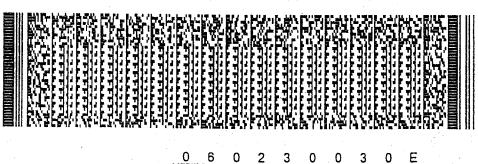




1	Schedule A (Form 5500) 2002 Page 3	
	rage 3	Official Use Only
	Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may be to purposes of this report.	reated as a unit for
3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5 a b	Contracts With Allocated Funds  State the basis of premium rates	
e	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount  Specify nature of costs	
_f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6 a	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract  (1) deposit administration  (2) immediate participation guarantee  (3) guaranteed investment  (4) other (specify below)	
b	Balance at the end of the previous year	852519
C		
	(4) Transferred from separate account (5) Other (specify below)	
	(6) Total additions	43341
d	Total of balance and additions (add b and c)	895861
0	Noductions:	

5901621

3056994



(1) Disbursed from fund to pay benefits or purchase annuities during year ......

(2) Administration charge made by carrier .....

(3) Transferred to separate account .....

(4) Other (specify below)

► INTEREST AND PRINCIPAL PAYMENT

(5) Total deductions . . .

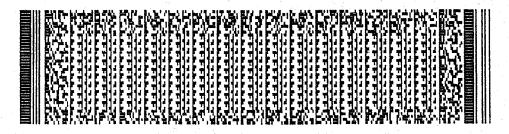


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Part III	Welfare	Benefit	Contract	Information
Terret   100	TICHALC		OULLIAGE	IIII O I I I I I I I I I I I I I I I I

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7	Benefit and contract type (check all applicable boxes)	
	a Health (other than dental or vision) b Dental C Vision	d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment	nt h Prescription drug
	i Stop loss (large deductible) j HMO contract k PPO contract	I  Indemnity contract
	m ☐ Other (specify) ▶	
8	Experience-rated contracts	
a	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	100
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
C	Remainder of premium: (1) Retention charges (on an accrual basis) –	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were  paid in cash, or  credited.)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves	
	(3) Other reserves	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
9	Nonexperience-rated contracts:	
а	Total premiums or subscription charges paid to carrier	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	





#### SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

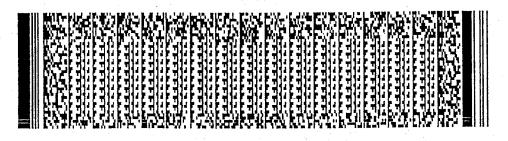
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2002

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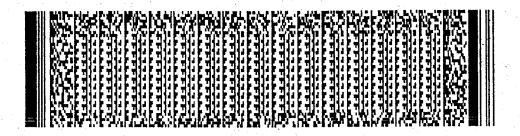
Pension Benefit Guar	anty Corporation		pursuant to ERISA section 103(a)(2).				Public Inspection	
For calendar year 200	2 or fiscal pla	n year beginning 10/0	1/2002		and ending	09/30/2003	3	
A Name of plan IDAHO NATION.	AL ENGIN	EERING AND ENVIRO	NMENTAL	LABORATORY	EMPL B	Three-digit plan number	•	001
C Plan sponsor's na BECHTEL BWXT		on line 2a of Form 5500 LLC			D	Employer Ide	entifica	tion Number 94-3323797
Provide		oncerning Insurance C or each contract on a separate Schedule A.					i III car	ı be
1 Coverage:			· · · · · · · · · · · · · · · · · · ·	· .	<del></del>			
		(a)	Name of in	surance carrier				· · · · · · · · · · · · · · · · · · ·
BANK OF AMER	ICA			· · · · · · · · · · · · · · · · · · ·	*			
(b) EIN	(c) NAIC code	(d) Contract or identification number		pproximate number at end of policy or		Policy (f) From		ntract year (g) To
56-0906609	00000	03029(1)			3536	03/13/200	3	09/30/2003
2 Insurance fees ar brokers and other	nd commission persons indiv	ns paid to agents, brokers and ridually in descending order of	other person the amount p	s. Enter the total fe aid in the items on	es and total comr the following pag	nisions below ar e(s) in Part I.	ıd list a	gents,
			Tot	ais				
	Total amou	nt of commissions paid			Total fe	es paid / amour	ıt	
			0					0
For Paperwork Red	uction Act N	otice and OMB Control Num	bers, see th	e Instructions for	Form 5500.	v5.0 Sch	edule /	4 (Form 5500) 200





Schedule A (Form 5500)	) 2002	Page 2	
			Official Use Only
	(a) Name and a persons to wh	ddress of the agents, brokers or other nom commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
	(c) Amount	(d) Purpose	code
	(a) Name and a persons to wh	ddress of the agents, brokers or other hom commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
continusaions paid	(c) Amount	(d) Purpose	code
	(a) Name and a persons to wh	address of the agents, brokers or other hom commissions or fees were paid	

(b) Amount of commissions paid	Fees paid					
commissions paid	(c) Amount	(d) Purpose	Organization code			





•	Schedule A (Form 5500) 2002 Page 3	
		Official Use Only
P	art II Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treat purposes of this report.	ited as a unit for
3_	Current value of plan's interest under this contract in the general account at year end	
4_	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
а	State the basis of premium rates	
b	Premiums paid to carrier	
C	Premiums due but unpaid at the end of the year	
d		
	or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	
е	Type of contract (1) individual policies (2) group deferred annuity	
	(3) U other (specify)	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
а	Type of contract (1) deposit administration (2) immediate participation guarantee	
	(3) 🖺 guaranteed investment (4) 🗌 other (specify below)	
b		0
C	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	(6) Total additions	8615663
d	Total of balance and additions (add b and c)	8615663
е	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	



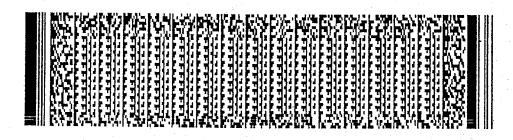
(3) Transferred to separate account .....

f Balance at the end of the current year (subtract



Schedule A	(Form 5500)	2002

	Schedule A (Form 5500) 2002 Page	4
1000000	***************************************	Official Use Only
	Welfare Benefit Contract Information  If more than one contract covers the same group of employees of the same employer(s) or member employee organization(s), the information may be combined for reporting purposes if such contracts as a unit. Where individual contracts are provided, the entire group of such individual contracts we treated as a unit for purposes on this report.	cts are experience-rated
7	Benefit and contract type (check all applicable boxes)  a Health (other than dental or vision)  b Dental  c Vision  c Health (other than dental or vision)  f Hong-term disability  g Supplemental un  j HMO contract  k PPO contract	d Life Insurance nemployment h Prescription drug I Indemnity contract
8	Experience-rated contracts	
а	a Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b		
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	••••
C	(1) Moderation Charges (of all accidal basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
4-1	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
d	·	•••••
_	(2) Claim reserves	••••
	(3) Other reserves	



b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition

or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Nonexperience-rated contracts:

Specify nature of costs

a Total premiums or subscription charges paid to carrier



## SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration
Pension Repetit Grazzoty Competion

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to FRISA section 103(a)(2)

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

7 EI BIOTI DETIETIT GUA	rainly Corporation	<u> </u>	rsuant to E	RISA section 103(a	1)(∠).		Fu	ipue iuzbectiou
For calendar year 20	02 or fiscal pla	an year beginning 10/01	/2002		and ending	09/30/2	2003	,
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	MENTAL	LABORATORY		3 Three-dig		001
BECHTEL BWXT	ame as shown 'IDAHO,	on line 2a of Form 5500 LLC			[	) Employe	r identifi	ication Number 94-3323797
Provid report		Oncerning Insurance Co for each contract on a separate of Schedule A.						can be
1 Coverage:				·				
		(a)	Name of in	surance carrier	* *			
BAYERISCHE I	ANDESBAN	· · · · · · · · · · · · · · · · · · ·						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons			Policy or c		contract year
(6) (11)	code	identification number	covered	at end of policy or	contract year	(f) F	rom	(g) To
13-3029393	00000	99020A			3536	10/01/	2002	09/30/2003
		ns paid to agents, brokers and o vidually in descending order of th						t agents,
			To	als		,		
Total amount of commissions paid			Total fees paid / amount					
			. 0					0
For Paperwork Red	luction Act N	otice and OMB Control Numb	ers, see th	e Instructions for	Form 5500.	v5.0	Schedule	в A (Form 5500) 200





(a) Name and address of the agents, brokers or o	the
persons to whom commissions or fees were pai	d

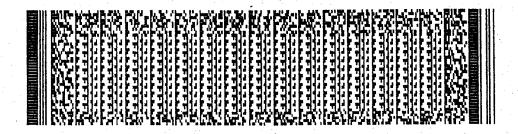
(c) Amount (d) Purpose code	(b) Amount of commissions paid		Fees paid	(e) Organization
		(c) Amount	(d) Purpose	code

# (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid		Fees paid	(e) Organization
Commissions paid	(c) Amount	(d) Purpose	code

### (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

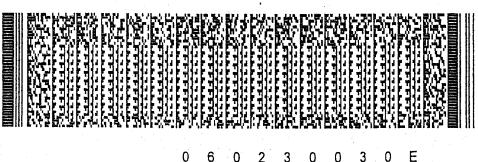
(b) Amount of commissions paid		Fees paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code





	Schedule A (Form 5500) 2002 Page 3	
		Official Use Only
P	Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may be t purposes of this report.	reated as a unit for
<u> </u>	Current value of plan's interest under this contract in the general account at year end	
	Current value of plan's interest under this contract in separate accounts at year end	· · · · · · · · · · · · · · · · · · ·
5	Contracts With Allocated Funds	
a	State the basis of premium rates	
b		
C		······································
d	r 🛌 . ·	
	or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	
е	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity  (3) ☐ other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
а		
	(3) 🖾 guaranteed investment (4) 🗌 other (specify below)	
b		612630
C	20026288	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	(6) Total additions	79165
d	Total of balance and additions (add   b and c )	691796
e	<b>→</b> 1 · · · · · · · · · · · · · · · · · ·	

3271524



(1) Disbursed from fund to pay benefits or purchase annuities during year ......

(2) Administration charge made by carrier
(3) Transferred to separate account
(4) Other (specify below)
► INTEREST AND PRINCIPAL PAYMENT

f Balance at the end of the current year (subtract e (5) from d).

(5) Total deductions . . . .



Schedule	4 /Form	55001	2002

P:	ans.	4

		net .	,	may be
a He e Te i Sto m Ot	treated as a unit for purposes on this reported in the contract type (check all applicable boxes) and contract type (check all applicable boxes) and the contract type (check all applicable boxes) and check all applicable boxes (check all applicable boxes) and check all applicable boxes (check all applicable boxes) and check all applicable boxes (check all applicable boxes) and check all applicable boxes (check all applicable boxes) and check all applicable boxes (check all applicable boxes) and check all applicable boxes (check all applicable boxes) and check all applicable boxes (c		c Vision g Supplemental unemployment k PPO contract	d Life Insurance h Prescription di I Indemnity conf

	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment	
	i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract	I ☐ Indemnity contract
	m U Other (specify) ▶	
	Experience-rated contracts	
a	Premiums: (1) Amount received	_
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges: (1) Claims paid	_
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	-
	(4) Claims charged	
C	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	_
	(B) Administrative service or other fees	_
, - ·	(C) Other specific acquisition costs	_
	(D) Other expenses	_
	(E) Taxes	_
	(F) Charges for risks or other contingencies	-
	(G) Other retention charges	_
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were  paid in cash, or  credited.)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves	
	(3) Other reserves	1
e	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
}	Nonexperience-rated contracts:	
a	Total premiums or subscription charges paid to carrier	
b		
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	





## SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

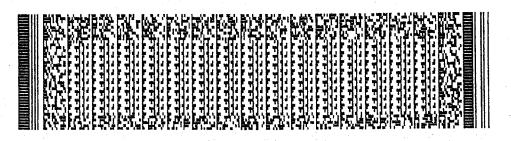
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OMB No. 1210-0110

2002

This Form is Open to Public Inspection

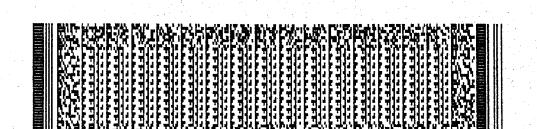
For calendar year 200	02 or fiscal pla	n year beginning 10/01	./2002		and ending	1	09/30/2003		
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	MENTAL	LABORATORY	EMPL	В	Three-digit plan number	00	01
C Plan sponsor's n BECHTEL BWXT		on line 2a of Form 5500 LLC				D	Employer Identif	ication Number 94-33237	97
Provid		oncerning Insurance Co for each contract on a separate Schedule A.						can be	
1 Coverage:									
		(a)	Name of in	surance carrier					
CDC CAPITAL									
(c) NAIC (d) Contract or				Approximate number of persons		Policy or co		contract year	
(b) EIN	code	identification number		at end of policy or			(f) From	(g) To	
13-3995170	00000	400-01				0	10/01/2002	01/31/2003	3
2 Insurance fees a brokers and othe	nd commission	ns paid to agents, brokers and coidually in descending order of t	other persor he amount	ns. Enter the total fe paid in the items on	es and total co the following p	omn	nisions below and lise(s) in Part I.	st agents,	
				tals					
	Total amou	int of commissions paid			Tota	al fe	es paid / amount		
			0						0
For Paperwork Rec	luction Act N	otice and OMB Control Numb	oers, see ti	ne instructions for	Form 5500.		v5.0 Schedu	le A (Form 5500)	2002





Schedule A (Form 5500) 2	2002	Page 2	
			al Use Only
No. of the second secon		ddress of the agents, brokers or other nom commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
	(c) Amount	(d) Purpose	code
		ddress of the agents, brokers or other nom commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
	(c) Amount	(d) Purpose	code
	(a) Name and a persons to wh	ddress of the agents, brokers or other nom commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
oominoons pau	(c) Amount	(d) Purpose	code

(d) Purpose



(c) Amount



	Schedule A (Form 5500) 2002 Page 3	
		Official Use Only
	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be t	reated as a unit for
	purposes of this report.	
3_	Current value of plan's interest under this contract in the general account at year end	
	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
а	State the basis of premium rates	
b	Premiums paid to carrier	
C	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, enter amount	
	Specify nature of costs >	
е	Type of contract (1) individual policies (2) group deferred annuity	
	(3) Unother (specify)	٦
<u>f</u>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	J
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) deposit administration (2) immediate participation guarantee	
	(3) 🖾 guaranteed investment (4) 📋 other (specify below)	
h	Balance at the end of the previous year	3532073
0	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	• (a) Guidi (aposity solotty)	
	(6) Total additions	4065
d	Total of balance and additions (add b and c)	3572728
e	Deductions:	

3572728

ō



(3) Transferred to separate account .....

(4) Other (specify below) ...
►MATURITY PAYMENT

f Balance at the end of the current year (subtract



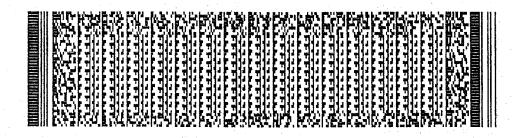
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ocn	equie	. ~	(Form	22001	ZUU2

Ρ	aq	е	4

Part III	Malfara	Donofit	Contract	Information
3 <b>5043</b> 38400	vvendre	Denent	Contract	imormatio

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7	Benefit and contract type (check all applicable boxes)	
	a Health (other than dental or vision) b Dental C Vision	d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment	ent h Prescription drug
	i Stop loss (large deductible) i HMO contract k PPO contract	I Indemnity contract
	m Other (specify) ▶	
8	Experience-rated contracts	
a	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
C	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were  paid in cash, or  credited.)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves	
	(3) Other reserves	
<u>e</u>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
9	Nonexperience-rated contracts:	
a	Total premiums or subscription charges paid to carrier	·
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	L
	Specify nature of costs ►	
		·





### SCHEDULE A (Form 5500)

Department of the Treasury internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance Information

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

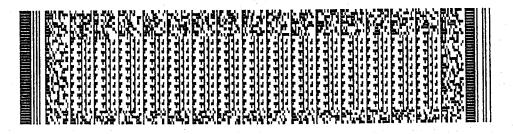
Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

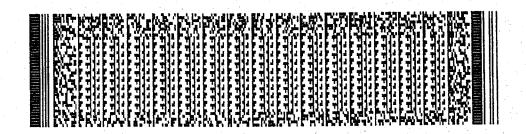
Pension Benefit Guar	anty Corporation	p p	ursuant to EF	RISA section 103	(a)(2).	· · ·		uplic ii	nspection
For calendar year 200	2 or fiscal pla	10/0	1/2002		and ending	g 0	9/30/2003		
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRO	NMENTAL	LABORATOR	Y EMPL	I -	Three-digit plan number	>	001
C Plan sponsor's n BECHTEL BWXT		on line 2a of Form 5500 LLC				D	Employer ident		n Number 4-3323797
Provid		oncerning Insurance Co or each contract on a separate Schedule A						l can be	•
1 Coverage:	su on a single	Ochequie A.							
1 Coverage.		(a)	) Name of in	surance carrier					
CDC CAPITAL									
(b) EIN	(c) NAIC	(d) Contract or identification number		pproximate numbers			Policy o	r contra	ct year (g) To
13-3995170	00000	400-02			35	36	10/01/2002	09	/30/2003
2 Insurance fees a brokers and other	nd commission r persons indiv	ns paid to agents, brokers and idually in descending order of	other person the amount p	s. Enter the total paid in the items	fees and total con the following	ommi: page(	sions below and s) in Part I.	list ager	nts,
				als					
	Total amou	nt of commissions paid			Tot	al fee	s paid / amount		
			0		<u> </u>				0
For Paperwork Red	luction Act N	otice and OMB Control Num	bers, see th	e Instructions f	or Form 5500.	1	5.0 Sched	ule A (l	Form 5500) 2002





Schedule A (Form 5500	0) 2002	· .		Page 2		
					Official L	lse Only
	(a) Nar perso	me and address of ons to whom comm	the agents, brokers or other issions or fees were paid			
(b) Amount of commissions paid			Fees paid			(e) Organization
commodera para	(c) Amour	nt	(d) Purpose			code
	(a) Nai pers	me and address of ons to whom comn	the agents, brokers or other hissions or fees were paid			
(b) Amount of			Fees paid			(e) Organization
commissions paid	(c) Amou	nt	(d) Pt	ırpose		code
	(a) Na pers	me and address of sons to whom comr	the agents, brokers or othe nissions or fees were paid	<b>r</b>		
		:				

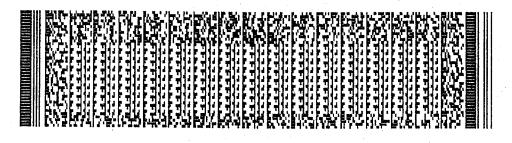
(b) Amount of		Fees paid		
commissions paid	(c) Amount	(d) Purpose	code	
·				





i		
	Schedule A (Form 5500) 2002 Page 3	
***	Investment and Annuity Contract Information	Official Use Only
<b>*</b>		
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be tre purposes of this report.	eated as a unit for
3	Current value of plan's interest under this contract in the general account at year end	
	Current value of plan's interest under this contract in separate accounts at year end	
<del>-</del> 5	Contracts With Allocated Funds	
а	State the basis of premium rates	
b		
C	Premiums due but unpaid at the end of the year	
đ		
	or retention of the contract or policy, enter amount	
	Specify nature of costs	
е	(2) El group deletted attituty	
	(3) U other (specify)	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) deposit administration (2) mmediate participation guarantee	
	(3) 🛚 guaranteed investment (4) 🔲 other (specify below)	
h	Delener Address of Est	5042639
υ υ	Balance at the end of the previous year	3042039
С	(1)	
	(2) Dividends and credits (3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	<b>&gt;</b>	
	(6) Total additions	339793
d	Total of balance and additions (add band c)	5382432
е		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below) 339793	
	►INTEREST AND PRINCIPAL PAYMENT	

5042639



(5) Total deductions . . .

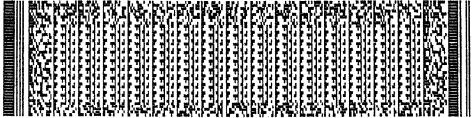
f Balance at the end of the current year (subtract



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	Welfare Benefit Contract Information
	If more than one contract covers the same group of employees of the same employer(s) or members of the same
	employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated
	as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be
	treated as a unit for purposes on this report.
7	Benefit and contract type (check all applicable boxes)
•	a Health (other than dental or vision) b Dental c Vision d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug
	i Stop loss (large deductible) j HMO contract k PPO contract ! Indemnity contract
	m Other (specify)
8	Experience-rated contracts
a	Premiums: (1) Amount received
-	(2) Increase (decrease) in amount due but unpaid
	(3) Increase (decrease) in unearned premium reserve
	(4) Earned ((1) + (2) - (3))
b	Benefit charges: (1) Claims paid
_	(2) Increase (decrease) in claim reserves
	(3) Incurred claims (add (1) and (2))
	(4) Claims charged
С	Remainder of premium: (1) Retention charges (on an accrual basis)
	(A) Commissions
	(B) Administrative service or other fees
	(C) Other specific acquisition costs
	(D) Other expenses
	(E) Taxes
	(F) Charges for risks or other contingencies
	(G) Other retention charges
	(H) Total retention
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement
	(2) Claim reserves
	(3) Other reserves
e	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)
9	Nonexperience-rated contracts:
а	Total premiums or subscription charges paid to carrier
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
	Specify nature of costs
	(2011) 1847年16月1日 1857年16月1日 1857年18月1日 185





#### SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

### Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

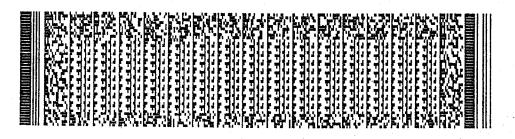
Official Use Only

OMB No. 1210-0110

2002

This Form is Open to

Pension Benefit Guaranty Corporation				uant to ERISA section 103(a)(2). Public Inst			nspection	
For calendar year 20	02 or fiscal pla	an year beginning 10/01	L/2002	, and er	nding	09/30/2003		
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	IMENTAL	LABORATORY EMPL	В	Three-digit	<b>&gt;</b>	001
C Plan sponsor's n BECHTEL BWXT	ame as shown	on line 2a of Form 5500 LLC			D	Employer Iden		n Number 4-3323797
Provid		Oncerning Insurance Co for each contract on a separate Schedule A.					ll can be	
i Coverage:			<del></del>					
	· · · · · · · · · · · · · · · · · · ·	(a)	Name of in	surance carrier				
CDC CAPITAL	·							
(b) EIN	(c) NAIC	(d) Contract or identification number		approximate number of person			r contrac	
· · · · · · · · · · · · · · · · · · ·	0000	identification number	COVERE	ratend or policy or contract ye	381	(f) From		(g) To
13-3995170	00000	1400-01(2)		:	3536	05/30/2003	09/	30/2003
2 Insurance fees ar brokers and other	nd commission persons indiv	ns paid to agents, brokers and o ridually in descending order of th	ther person ne amount p	s. Enter the total fees and total paid in the items on the following	al comm	nisions below and (s) in Part I.	list agen	ts,
			To	tals				
	Total amou	nt of commissions paid		-	Total fe	es paid / amount	***************************************	
			0					0
For Paperwork Red	uction Act No	otice and OMB Control Numb	ers, see th	e Instructions for Form 550	0.	v5.0 Sched	ule A (Fo	orm 5500) 2002



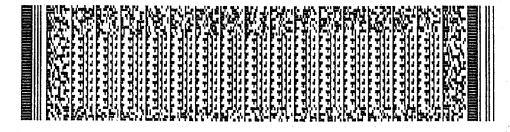


Schedule A (Form 5500)	2002	Page 2		
			Official	Use Only
	(a) Name and a persons to wh	address of the agents, brokers or other hom commissions or fees were paid		
(b) Amount of commissions paid		Fees paid		(e) Organization
	(c) Amount	(d) Purpose	· · · · · · · · · · · · · · · · · · ·	code
	(a) Name and a persons to wh	ddress of the agents, brokers or other hom commissions or fees were paid		
(b) Amount of commissions paid		Fees paid		(e) Organization
	(c) Amount	(d) Purpose		code
		ddress of the agents, brokers or other nom commissions or fees were paid		
	1			
(b) Amount of commissions paid		Fees paid		(e) Organization
	(c) Amount	(d) Purpose	· · · · · · · · · · · · · · · · · · ·	code
				•





Schedule A (Form 5500) 2002			age 3	
				Official Use Only
Part II Investment and Annuity C				
Where individual contracts are provi	ded, the entire group of suc	h individual contracts with each	carrier may be tr	eated as a unit for .
purposes of this report.			<del></del>	
3 Current value of plan's interest under this contr				
Current value of plan's interest under this contr	act in separate accounts at	year end	<u></u>	
Contracts With Allocated Funds				
a State the basis of premium rates				
b Premiums paid to carrier				
C Premiums due but unpaid at the end of the ye				
d If the carrier, service, or other organization in				
or retention of the contract or policy, enter am	ount	· · · · · · · · · · · · · · · · · · ·	ـــا بـــــ	
Specify nature of costs				
e Type of contract (1) individual policies	(2) U group defer	red annuity		
(3) U other (specify)			m	
f If contract purchased, in whole or in part, to d				
Contracts With Unallocated Funds (Do not in	·	<u> </u>	•	
a Type of contract (1) deposit adminis	\ <i>\</i>	immediate participation gu	arantee	
(3) 🗵 guaranteed inve	stment (4)	other (specify below)		
b Balance at the end of the previous year			T	1564646
C Additions: (1) Contributions deposited during			17300000	
(2) Dividends and credits				
(3) Interest credited during the year			985397	
(4) Transferred from separate account				
(5) Other (specify below)				
<b>&gt;</b>				
(6) Total additions				1828539
d Total of balance and additions (add b and c				3393185
e Deductions:	,			
(1) Disbursed from fund to pay benefits or pr	urchase annuities during ve	ar		
(2) Administration charge made by carrier .	_ ·	**************************************		
(3) Transferred to separate account				
(4) Other (specify below)				
<b>-</b>				
(5) Total deductions		<del></del>		
f Balance at the end of the current year (subtra			Г	3393185





Schedule A	(Form	55001	2002

Welfare Benefit Contract Information

Part III

Page	4
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Official	Lise Only

7	Benefit and contract type (check all applicable boxes)  a Health (other than dental or vision) b Dental c Vision d Life Insurance  Benefit and contract type (check all applicable boxes)  C Vision d Life Insurance  Supplemental unemployment h Prescription drug  Indemnity contract  M Other (specify)
8	Experience-rated contracts
а	Premiums: (1) Amount received
	(2) Increase (decrease) in amount due but unpaid
	(3) Increase (decrease) in unearned premium reserve
	(4) Earned ((1) + (2) - (3))
b	Benefit charges: (1) Claims paid
	(2) Increase (decrease) in claim reserves
	(3) Incurred claims (add (1) and (2))
	(4) Claims charged
C	Remainder of premium: (1) Retention charges (on an accrual basis)
	(A) Commissions
	(B) Administrative service or other fees
٠	(C) Other specific acquisition costs
	(D) Other expenses
	(E) Taxes
	(F) Charges for risks or other contingencies
	(G) Other retention charges



b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition

or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Nonexperience-rated contracts:

Specify nature of costs

a Total premiums or subscription charges paid to carrier



#### SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

### Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 20	02 or fiscal pla	an year beginning 10/01	L/2002		and ending	09/30/2003		
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	IMENTAL	LABORATORY	EMPL B	Three-digit		001
BECHTEL BWXT	ame as shown 'IDAHO,	on line 2a of Form 5500 LLC			D	Employer Identit	fication Number 94-33237	
Provid		oncerning Insurance Co for each contract on a separate Schedule A.					can be	
1 Coverage:								<del></del>
		(a)	Name of ir	surance carrier	:			
GE LIFE AND	ANNUITY	ASSURANCE		·				
(L) EIN	(c) NAIC	(d) Contract or	(e) /	oproximate number	of persons	Policy or	contract year	
(b) EIN	code	identification number		at end of policy or		(f) From	(g) To	
54-0283385	65536	GS-3694			3536	01/31/2003	09/30/200	3
		ns paid to agents, brokers and c vidually in descending order of the					st agents,	
			To	tals				
	Total amou	nt of commissions paid			Total fe	es paid / amount		
			0					0
For Paperwork Red	luction Act N	otice and OMB Control Numb	ers, see th	e instructions for	Form 5500.	v5.0 Schedul	e A (Form 5500)	2002





(a) Name and address of the agents, brokers or other
persons to whom commissions or fees were paid

(b) Amount of commissions paid		Fees paid	(e) Organization code	
continussions paid	(c) Amount	(d) Purpose		

## (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

_	(b) Amount of commissions paid		Fees paid	(e) Organization
	commissions paid	(c) Amount	(d) Purpose	code

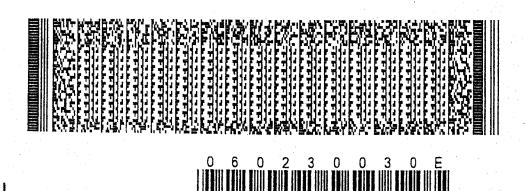
### (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

- 1	(b) Amount of commissions paid	Fees paid			
	commissions pard	(c) Amount	(d) Purpose	code	
•					





-	Schedule A (Form 5500) 2002 Page 3	
		Official Use Only
Pa	Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may be purposes of this report.	treated as a unit for
3 (	current value of plan's interest under this contract in the general account at year end	
	current value of plan's interest under this contract in separate accounts at year end	· · · · · · · · · · · · · · · · · · ·
5	Contracts With Allocated Funds	
а	State the basis of premium rates	
b	Premiums paid to carrier	
С	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, enter amount	
	Specify nature of costs	
	Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify)	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	]
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	·
а	Type of contract (1) deposit administration (2) immediate participation guarantee	
	(3) 🗓 guaranteed investment (4) 🗌 other (specify below)	
	<b>▶</b>	
	Balance at the end of the previous year	4142274
C	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
		22225
_	(6) Total additions	223268 4365542
	Total of balance and additions (add b and c)	4365542
е	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below)	
		^
£	(5) Total deductions	43.05.5.40
Ţ	Balance at the end of the current year (subtract _ e (5) from d )	4365542



Schedule .	A /Form	55001	2002

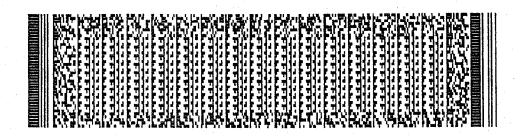
Page 4

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Pari III	101-15	Danasta	A	Information
######################################	vvenare	Dellelli	Connact	mnomiation

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7	Benefit and contract type (check all applicable boxes)	
	a Health (other than dental or vision) b Dental C Vision	d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemploymen	t h Prescription drug
	i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract	I ∐ Indemnity contract
	m Uther (specify) ►	
В	Experience-rated contracts	
а	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges; (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	· · · · · · · · · · · · · · · · · · ·
	(4) Claims charged	
C	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
d	· · · · · · · · · · · · · · · · · · ·	
	(2) Claim reserves	
	(3) Other reserves	
<u>e</u>		
9	Nonexperience-rated contracts:	
a	' ' '	
b		
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
•	Specify nature of costs	





#### SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

### Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

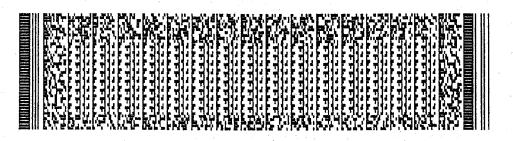
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2002

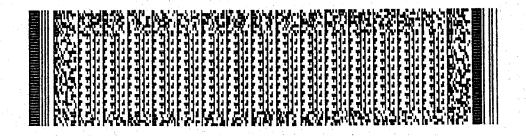
This Form is Open to Public Inspection

For calendar year 200	02 or fiscal pla	an year beginning 10/01	/2002	<u> </u>	and ending	09/30/2003	
A Name of plan		EERING AND ENVIRON	MENTAL	LABORATORY	1	B Three-digit plan number ▶	001
C Plan sponsor's n BECHTEL BWXT		n on line 2a of Form 5500 LLC				D Employer Identi	fication Number 94-3323797
Provid		Dincerning Insurance Co for each contract on a separate : Schedule A.					can be
1 Coverage:							
		(a)	Name of in	surance carrier			
JOHN HANCOCK	LIFE IN	SURANCE				•	
	(c) NAIC	(d) Contract or	(e) A	(e) Approximate number of persons		Policy or contract year	
(b) EIN	code	identification number	covered at end of policy or contract year		•	(f) From	(g) To
04-1414660	65099	14631			353	6 10/01/2002	09/30/2003
		ns paid to agents, brokers and o vidually in descending order of the	•				st agents,
			To	tals			
	Total amou	nt of commissions paid			Tota	fees paid / amount	
			0				0
For Paperwork Red	uction Act N	otice and OMB Control Numb	ers, see th	e Instructions for	Form 5500.	v5.0 Schedu	le A (Form 5500) 200





Schedule A (Form 5500)		Page 2	Official Use Only
	(a) Name and ad persons to who	idress of the agents, brokers or other om commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization code
	(c) Amount	(d) Purpose	Code
	(a) Name and ad	ddress of the agents, brokers or other om commissions or fees were paid	
(b) Amount of commissions paid	(c) Amount	Fees paid (d) Purpose	(e) Organization code
	(e) / mean		
	(a) Name and ac persons to wh	ddress of the agents, brokers or other nom commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization code
	(c) Amount	(d) Purpose	code





_	Schedule A (Form 5500) 2002 Page 3	
	Tale 3	Official Use Only
Pan		
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be t purposes of this report.	reated as a unit for
3 Cu	rrent value of plan's interest under this contract in the general account at year end	
<b>4</b> Cu	rrent value of plan's interest under this contract in separate accounts at year end	
	Contracts With Allocated Funds	
<b>a</b> 9	state the basis of premium rates	
b F	Premiums paid to carrier	
C F	Premiums due but unpaid at the end of the year	
d II	the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
٥	r retention of the contract or policy, enter amount	
	Specify nature of costs 🚩	
	ype of contract (1) individual policies (2) group deferred annuity	
(3	3) U other (specify)	_
f if	contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
	ype of contract (1) deposit administration (2) immediate participation guarantee	
	(3) 🗓 guaranteed investment (4) 🔲 other (specify below)	
	<b>•</b>	
b B	alance at the end of the previous year	614485
	dditions: (1) Contributions deposited during the year	
(2	2) Dividends and credits	
	3) Interest credited during the year	
	Transferred from separate account	
(	5) Other (specify below)	
	5) Total additions	40678
d T	otal of balance and additions (add band c)	655164
-	Deductions:	
	Disbursed from fund to pay benefits or purchase annuities during year	
	2) Administration charge made by carrier	
(	3) Transferred to separate account	
(4	4) Other (specify below)	
i	<b>-</b>	
(	5) Total deductions	
£ n	[-]	655164

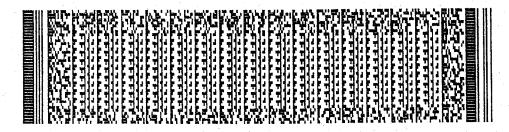




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a	tic	ial	1	lee	$\Omega$ n	h/

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0000000000000000000000000000000000000	181-15	D	C + +	Information
	WVAITORA	MANATIT	LODITACI	mmmannn
Part III	W V C I I C I	DOMESTIC	Commact	minormation

7	Benefit and contract type (check all applicable boxes)	
	a Health (other than dental or vision)  b Dental  c Vision  d Life insurance	
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug	
-	i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract l ☐ Indemnity contract	•
	m Uther (specify) ►	33
3	Experience-rated contracts	
a	Premiums: (1) Amount received	8
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	8
	(4) Earned ((1) + (2) - (3))	<b>33</b>
b	Benefit charges: (1) Claims paid	8
	(2) Increase (decrease) in claim reserves	8
	(3) Incurred claims (add (1) and (2))	
٠	(4) Claims charged	<b>**</b>
C	Remainder of premium: (1) Retention charges (on an accrual basis)	ä
	(A) Commissions	ä
	(B) Administrative service or other fees	ä
	(C) Other specific acquisition costs	ø
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	8
	(G) Other retention charges	<u></u>
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	-
a	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	-
	(2) Claim reserves	_
	(3) Other reserves	
<u>e</u>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
9_	Nonexperience-rated contracts:	400
a	Total premiums or subscription charges paid to carrier	-
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	_
		•
		_





Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

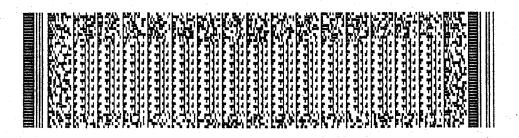
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OMB No. 1210-0110

2002

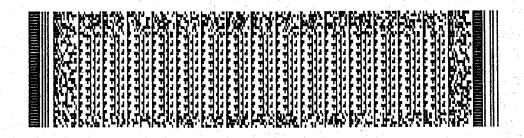
This Form is Open to Public Inspection

-or calendar γear ∠u	002 or fiscal pla	n year beginning 10/01	/2002	, and ending	09/30/2003	
A Name of plan IDAHO NATION	NAL ENGIN	EERING AND ENVIRON	MENTAL	LABORATORY EMPL	B Three-digit  plan number	001
C Plan sponsor's i BECHTEL BWX:		on line 2a of Form 5500 LLC			D Employer Identi	fication Number 94-3323797
Part Info	rmation Co	ncerning Insurance C	ontract C	Coverage, Fees, and Con	nmissions	
Provi	de information :	for each contract on a separate	Schedule A.	. Individual contracts grouped as a	unit in Parts II and III	can be
repor	ted on a single	Schedule A.	.,,	· .	· .	
1 Coverage:	·				***************************************	
		(a)	Name of in	surance carrier		
JOHN HANCOC	K LIFE IN	SURANCE				
<del> </del>	(c) NAIC	(d) Contract or	(a) A	pproximate number of persons	Policy or	contract year
(b) EIN	code	identification number		at end of policy or contract year	(f) From	(g) To
04-1414660	65099	15174		353	6 10/01/2002	09/30/2003
				s. Enter the total fees and total co aid in the items on the following p		st agents,
			Tot	als	· <del>-</del>	
	Total amou	nt of commissions paid		Tota	fees paid / amount	



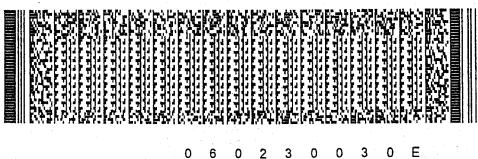


Schedule A (Form 5	0000) 20	<u>u</u> 2	Page 2	Official (	lse Only
		(a) Name and ad persons to who	dress of the agents, brokers or other om commissions or fees were paid		•
(b) Amount of commissions paid			Fees paid		(e) Organization
commissions paid		(c) Amount	(d) Purpose		code
		(a) Name and ad persons to wh	dress of the agents, brokers or other om commissions or fees were paid		
(b) Amount of			Fees paid		(e) Organization
commissions paid	*.*.	(c) Amount	(d) Purpose		code
		(a) Name and ac persons to wh	ldress of the agents, brokers or other om commissions or fees were paid		
(b) Amount of commissions paid			Fees paid		(e) Organization code
		(c) Amount	(d) Purpose		code





	Schedule A (Form 5500) 2002 Page 3	
		Official Use Only
e.	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be	treated as a unit for
	purposes of this report.	
3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
а	State the basis of premium rates	
b	Premiums paid to carrier	
C	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, enter amount	
	Specify nature of costs -	
е	Type of contract (1) individual policies (2) group deferred annuity	
	(3) U other (specify)	
1	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract (1) deposit administration (2) immediate participation guarantee	
а	Type of contract (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other (specify below)	
	(3) El guarante d'investifient (4) El outer (spours below)	
b	Balance at the end of the previous year	5437923
C		
Ū	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	(6) Total additions	311594
d	Total of balance and additions (add b and c)	5749517
е	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below)	
		0
	(5) Total deductions	5749517
<u>_f</u>	Balance at the end of the current year (subtract e (5) from d )	1





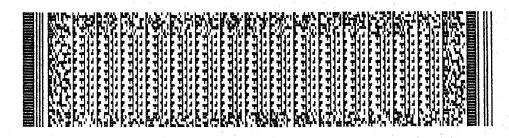
Schedule A	(Form	5500	2002

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Part III	Welfare	Benefit	Contract	Information

7	Benefit and contract type (check all applicable boxes)	
	a Health (other than dental or vision) b Dental C Vision d Life Insurance	
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug	
	i Stop loss (large deductible) j HMO contract k PPO contract l I Indemnity contract	t.
	m ☐ Other (specify) ►	-
3	Experience-rated contracts	▩
а	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	*****
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	9373
С	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	▓
	(G) Other retention charges	<b>88</b>
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves	
	(3) Other reserves	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	***
9	Nonexperience-rated contracts:	<b>***</b>
а	Total premiums or subscription charges paid to carrier	
þ	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, other than reported in Part I, Item 2 above, report amount	
	Specify nature of costs ▶	_
		<del>.</del>





Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

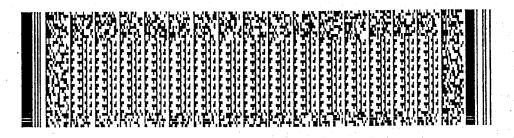
Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2). Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

Pension Benefit Guar	anty Corporation	p	ursuant to EF	RISA section 103(a	)(2).		blic Inspection
For calendar year 200	2 or fiscal pla	10/0	1/2002		and ending	09/30/2003	
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRO	NMENTAL	LABORATORY	EMPL B	Three-digit plan number	001
C Plan sponsor's na BECHTEL BWXT		on line 2a of Form 5500 LLC			D	Employer Identifi	cation Number 94-3323797
Provide	mation Co e information f ed on a single	ncerning Insurance Correach contract on a separate Schedule A.	Contract C Schedule A	overage, Fee Individual contract	s, and Comm is grouped as a ur	nissions nit in Parts II and III o	an be
1 Coverage:							
		(a)	) Name of in	surance carrier			
			T		z of porcopo	Policy or o	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	covered	pproximate numbe at end of policy or	contract year	(f) From	(g) To
13-5581829		25354			3536	10/01/2002	09/30/2003
2 Insurance fees at brokers and other	nd commission persons indiv	ns paid to agents, brokers and vidually in descending order of	other person the amount p	s. Enter the total fe aid in the items on	ees and total comm the following page	nisions below and lis e(s) in Part I.	t agents,
				als			
	Total amou	nt of commissions paid			Total fe	es paid / amount	
			. 0				0
For Paperwork Red	uction Act N	otice and OMB Control Num	bers, see th	e Instructions for	Form 5500.	v5.0 Schedul	e A (Form 5500) 2002





Page	2

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

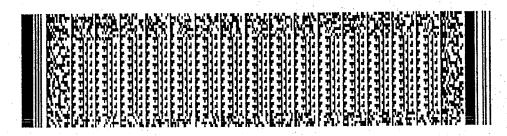
(b) Amount of commissions paid		Fees paid		(e) Organization
	(c) Amount		(d) Purpose	code

 (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid				
commissions paid	(c) Amount	(d) Purpose	code		

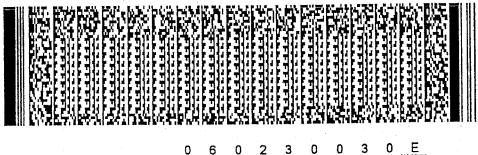
(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid				
continissions paid	(c) Amount	(d) Purpose	code		





Cabadyla A /Form F	:EUU) 2002		Page 3	3	
Schedule A (Form 5	1500) 2002	· · · · · · · · · · · · · · · · · · ·			Official Use Only
Part II Investment a	and Annuity Cont	tract Information		. 20.	
		the entire group of such i	ndividual contracts with each carri	er may be treated a	s a unit for
purposes of this r					· · · · · · · · · · · · · · · · · · ·
			ear end		
4 Current value of plan's interes	st under this contract in	n separate accounts at ye	ar end		
5 Contracts With Allocated F			•		
a State the basis of premium	rates -	·			
b Premiums paid to carrier					
c Premiums due but unpaid	at the end of the year .				
d If the carrier, service, or ot	her organization incurre	ed any specific costs in co	nnection with the acquisition		
		L			, <del>, , , , , , , , , , , , , , , , , , </del>
Specify nature of costs					
	individual policies	(2) group deferred	d annuity		
(3) U other (specify)			<u> </u>		
f If contract purchased, in w	hole or in part, to distrit	bute benefits from a termi	nating plan check here		<del> </del>
			cts maintained in separate accour	nts)	
a Type of contract (1)	deposit administration	, ,	immediate participation guarant	iee	
(3)	guaranteed investme	ent (4) t	other (specify below)		
•		,			1983748
b Balance at the end of the	previous year				
(2) Dividends and credits				303422	
(3) Interest credited during					
(4) Transferred from sep					
(5) Other (specify below)					
<b>-</b>					130342
					2114090
	ions (add band c)				
e Deductions:					
(1) Disbursed from fund	to pay benefits or purch	nase annumes during year			
(2) Administration charge					
				4164424	
(4) Other (specify below) ▶ PRINCIPAL PAY					
					416442
					169764





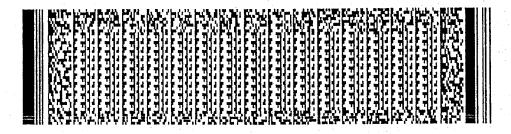
Schedule A (	Form	5500	2002
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Page 4

#### Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7	Benefit and contract type (check all applicable boxes)	
	a Health (other than dental or vision) b Dental c Vision	d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployme	nt h Prescription drug
	i Stop loss (large deductible) j HMO contract k PPO contract	I Indemnity contract
	m Other (specify) ▶	
8	Experience-rated contracts	
а	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
С	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were  paid in cash, or  credited.)	
d		
	(2) Claim reserves	·
	(3) Other reserves	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
9	Nonexperience-rated contracts:	
а	Total premiums or subscription charges paid to carrier	
þ		
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	





Official Use Only

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

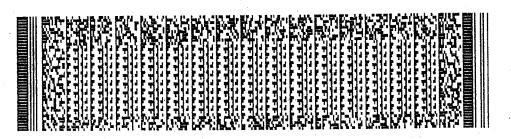
Official Use Only

OMB No. 1210-0110

2002

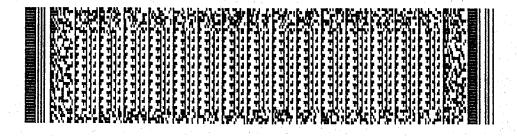
This Form is Open to Public Inspection

Pension benefit duan	army corporation		/2002			09/30/2003	
For calendar year 200	2 or fiscal pla	n year beginning 10/01	/2002		and ending	09/30/2003	·
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	MENTAL	LABORATORY	EMPL	B Three-digit plan number	001
C Plan sponsor's na BECHTEL BWXT		on line 2a of Form 5500 LLC				D Employer Identif	94-3323797
Provide	mation Co e information t ed on a single	oncerning Insurance Co for each contract on a separate s Schedule A.	ontract C Schedule A.	overage, Fee Individual contrac	s, and Cor ts grouped as	nmissions a unit in Parts II and III	can be
1 Coverage:							
		(a)	Name of ins	surance carrier		:	
MORGAN GUARA	NTY						
,						·	
	(a) NAIC	(d) Contract or	(a) A	pproximate numbe	r of persons	Policy or	contract year
(b) EIN	(c) NAIC code	identification number		at end of policy or		(f) From	(g) To
13-3224016	00000	01(2)			353		09/30/2003
2 Insurance fees a brokers and other	nd commission	ns paid to agents, brokers and cridually in descending order of t	other person he amount p	s. Enter the total fo aid in the items on	es and total co the following p	ommisions below and li page(s) in Part I.	st agents,
	·····		Tot				
	Total amou	nt of commissions paid			Tota	al fees paid / amount	
			0				0
For Paperwork Red	luction Act N	otice and OMB Control Numb	pers, see th	e Instructions fo	r Form 5500.	v5.0 Schedu	le A (Form 5500) 20





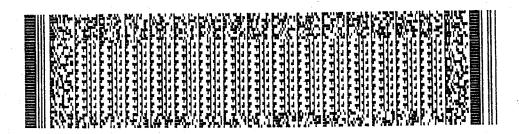
Schedule A (Form 5500) 20		Page 2	Official	Use Only
	(a) Name and a	address of the agents, brokers or other	Sincia	OCC OTHY
	persons to w	hom commissions or fees were paid		
(b) Amount of commissions paid		Fees paid		(e) Organization
	(c) Amount	(d) Purpose		code
	(a) Name and a persons to w	address of the agents, brokers or other hom commissions or fees were paid		
(b) Amount of commissions paid		Fees paid		(e) Organization
commissions paid	(c) Amount	(d) Purpose		code
		ddress of the agents, brokers or other hom commissions or fees were paid		
(b) Amount of commissions paid		Fees paid		(e) Organization
oonanioolono palu	(c) Amount	(d) Purpose		code





Page 3 Schedule A (Form 5500) 2002 Official Use Only Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. Current value of plan's interest under this contract in the general account at year end 3 Current value of plan's interest under this contract in separate accounts at year end ...... 5 Contracts With Allocated Funds State the basis of premium rates b Premiums paid to carrier ..... Premiums due but unpaid at the end of the year ..... d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount Specify nature of costs (1) individual policies e Type of contract (3) ☐ other (specify). ► If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) immediate participation guarantee deposit administration (2) Type of contract guaranteed investment other (specify below) 5199785 b Balance at the end of the previous year ..... Additions: (1) Contributions deposited during the year ..... (2) Dividends and credits '..... 222275 (3) Interest credited during the year ..... (4) Transferred from separate account ..... (5) Other (specify below) ..... 222275 (6) Total additions ..... 5422060 Total of balance and additions (add b and c) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year ...... (2) Administration charge made by carrier .....

5422060



f Balance at the end of the current year (subtract e (5) from d).....

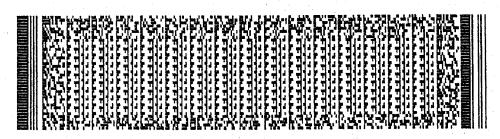


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201150	uic.	~ (	COLLE	22001	2002

Ρ	age	: 4

Part III	Welfare	Benefit	Contract	Information

7	Benefit and contract type (check all applicable boxes)	
	a Health (other than dental or vision) b Dental c Vision	d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment	t h Prescription drug
	i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract	I  Indemnity contract
	m ☐ Other (specify) ►	
3	Experience-rated contracts	
а	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
C	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were  paid in cash, or credited.)	
d		
	(2) Claim reserves	*
	(3) Other reserves	
е		
3	Nonexperience-rated contracts:	
а	' ' '	
b		
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs ▶	





Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

BECHTEL BWXT IDAHO, LLC

Pension Benefit Guaranty Corporation

#### Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002 This Form is Open to

94-3323797

Public Inspection 10/01/2002 09/30/2003 For calendar year 2002 or fiscal plan year beginning and ending A Name of plan B Three-digit IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL 001 plan number **Employer Identification Number** C Plan sponsor's name as shown on line 2a of Form 5500

#### Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be

reported on a single Schedule A

1 Coverage:

(a) Name of insurance carrier

NEW YORK LIFE INSURANCE

(b) EIN (c) NAIC (d) Contract or (e) Approximate number of persons Policy or contract year										
(b) EIN	code	identification number	covered at end of policy or contract year	(f) From	(g) To					
13-5582869 66915 27017 3536 10/01/2002 09/30/2003										
2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I										

<u>Totals</u> Total amount of commissions paid Total fees paid / amount 0 0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

v5.0

Schedule A (Form 5500) 2002



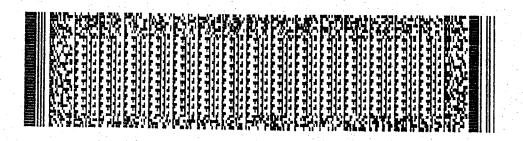


			Official Use Only
	(a) Name and a persons to wh	address of the agents, brokers or other hom commissions or fees were paid	omaid dae day
(b) Amount of commissions paid		Fees paid	(e) Organization
	(c) Amount	(d) Purpose	code
	(a) Name and a persons to wh	ddress of the agents, brokers or other nom commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
,	(c) Amount	(d) Purpose	code

Fees paid

(d) Purpose

(e) Organization code

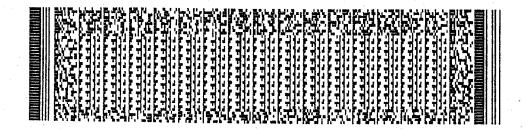


(c) Amount

(b) Amount of commissions paid



	Schedule A (Form 5500) 2002	Page 3	
00000000	***************************************		Official Use Only
Pa	Investment and Annuity Contract Information		
	Where individual contracts are provided, the entire group of such individual contracts with purposes of this report.	h each carrier may be tre	ated as a unit for
<u>3</u> C	urrent value of plan's interest under this contract in the general account at year end		
4 c	urrent value of plan's interest under this contract in separate accounts at year end		
5	Contracts With Allocated Funds	•	
a	State the basis of premium rates		
b	Premiums paid to carrier		
	Premiums due but unpaid at the end of the year		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acqui	isition	
	or retention of the contract or policy, enter amount		
	Specify nature of costs	· · · · · · · · · · · · · · · · · · ·	
	Type of contract (1) individual policies (2) group deferred annuity		
	(3) U other (specify)		
<u>f</u>	lf contract purchased, in whole or in part, to distribute benefits from a terminating plan check here		
	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separ	rate accounts)	
а	Type of contract (1) deposit administration (2) immediate participati	ion guarantee	
	(3) 🛚 guaranteed investment (4) 📙 other (specify below)	)	
L.		<del></del>	
D	Balance at the end of the previous year	· · · · · · · · · · · · · · · ·	5473592
C.	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits	320205	
	(3) Interest credited during the year	320203	
	(4) Transferred from separate account (5) Other (specify below)		
	Other (specify below)		
	(6) Total additions		320205
	Total of balance and additions (add band c)		5793797
	Deductions:		
_	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		
	(4) Other (specify below)		
	<b>•</b>		
	(5) Total deductions		0
	Balance at the end of the current year (subtract e (5) from d )		5793797





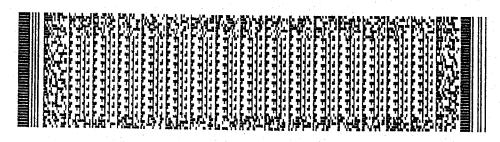
	Schedule A	(Form	5500)	2002
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Page 4

Official Use Only

Partill	Welfare	Benefit	Contra	ct Information
		-0	OUTILIA	or innormation

7	Benefit and contract type (check all applicable boxes)	
	A Health (other than donted experient)	
	u Life insurance	
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug	
	i Stop loss (large deductible) j HMO contract k PPO contract I Indemnity contract	:t
	III Other (specify)	
8	Experience-rated contracts	
а	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	333
b	Benefit charges: (1) Claims paid	<b>33</b>
	(2) Increase (decrease) in claim reserves	▓
	(3) Incurred claims (add (1) and (2))	233
	(4) Claims charged	_
C	Remainder of premium: (1) Retention charges (on an accrual basis)	<b>20</b>
	(A) Commissions	Ø
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	8
	(E) Taxes	
	(F) Charges for risks or other contingencies	8
	(G) Other retention charges	8
	(H) Total retention	***
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
đ	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves	_
	(3) Other reserves	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	_
)	Nonexperience-rated contracts:	33
a		<u>88</u>
	Total premiums or subscription charges paid to carrier  If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	
		_





Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

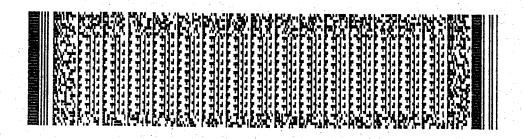
This Form is Open to Public Inspection

					7/-/-		
For calendar year 200	02 or fiscal pla	n year beginning 10/01	/2002		and ending	09/30/2003	
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	MENTAL	LABORATORY	EMPL B	Three-digit	001
C Plan sponsor's n BECHTEL BWXT	ame as showr IDAHO,	on line 2a of Form 5500 LLC			D	Employer Identific	eation Number 94-3323797
Provid		Oncerning Insurance Co for each contract on a separate S Schedule A.		•			an be
1 Coverage:							
		(a)	Name of in	surance carrier			
NEW YORK LIF	E INSURA	NCE	:				
/L\ CINI	(c) NAIC	(d) Contract or	(e) A	pproximate number	r of persons	Policy or co	ontract year
(b) EIN	code	identification number		at end of policy or		(f) From	(g) To
13-5582869	66915	GA-31288			.3536	10/01/2002	09/30/2003
		ns paid to agents, brokers and of vidually in descending order of th	•				agents,
			To	tals			
	Total amou	nt of commissions paid			Total fe	es paid / amount	
			0				0
For Paperwork Red	uction Act N	otice and OMB Control Numb	ers, see th	e instructions for	Form 5500.	v5.0 Schedule	A (Form 5500) 2002





Schedule A (Fo	rm 5500) 2	002		Page 2		
	······································				Official	Use Only
		(a) Name and a persons to wh	ddress of the agents, brokers om commissions or fees were	or other e paid		
(b) Amount of commissions paid			Fees paid			(e) Organization
		(c) Amount		(d) Purpose		code
		(a) Name and ac persons to wh	ldress of the agents, brokers om commissions or fees were	or other e paid		
(b) Amount of commissions paid			Fees paid			(e) Organization
		(c) Amount		(d) Purpose		code
		(a) Name and ac persons to wh	idress of the agents, brokers om commissions or fees were	or other e paid		
(b) Amount of commissions paid			Fees paid			(e) Organization
······································		(c) Amount		(d) Purpose		code



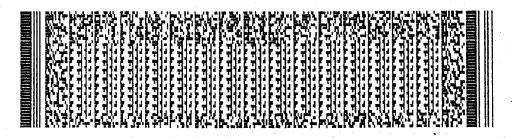


ı		
	Schedule A (Form 5500) 2002 Page 3	
		Official Use Only
2	Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may be to purposes of this report.	eated as a unit for
3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
а	State the basis of premium rates	
b	Premiums paid to carrier	
С	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, enter amount	
	Specify nature of costs	
е	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity  (3) ☐ other (specify) ►	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
а	Type of contract (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other (specify below)	
h	Balance at the end of the previous year	5389894
C		
•	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	<b>)</b>	
	(6) Total additions	298996
d	Total of balance and additions (add b and c)	5688890
е	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	

298996

298996

5389894



(5) Total deductions . . . . . .

f Balance at the end of the current year (subtract

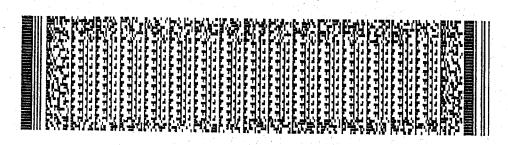


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Partill	Welfare Benefit Contract Inf			
7	as a unit. Where individual contracts a treated as a unit for purposes on this re-	ition may be combined for reporting are provided, the entire group of su seport.	ame employer(s) or members of the same g purposes if such contracts are experien- ich individual contracts with each carrier i	
, beliefit a	and contract type (check all applicable box			_
	ealth (other than dental or vision)	<b>b</b> Dental	C Vision	d Life Insuran
	emporary disability (accident and sickness	b) f Long-term disability	g Supplemental unemployment	h Prescription
ı H St	op loss (large deductible)	I ∐ HMO contract	k PPO contract	Indomeit

•	Sometime and contract type (Check all applicable boxes)	
	a Health (other than dental or vision) b Dental c Vision d Life Insurance	- 1
	e imporary disability (accident and sickness) f Long-term disability q Supplemental unemployment h Prescription du	100
	Stop loss (large deductible) J HMO contract k PPO contract	
	m∐ Other (specify) ►	acı
8	Experience-rated contracts	
a		
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	200000
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	*****
	(4) Claims charged	
С	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	22000
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves	
	(3) Other reserves	
<u>e</u>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	_
9	Nonexperience-rated contracts:	
a	Total premiums or subscription charges paid to carrier	2000
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	





Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2	002 or fiscal pl	an year beginning 10/0	1/2002		and ending	09/30/2003	1
A Name of plan IDAHO NATIO	NAL ENGI	NEERING AND ENVIRO	NMENTAL	LABORATORY	EMPL	Three-digit plan number ▶	001
C Plan sponsor's BECHTEL BWX	name as show T IDAHO,	n on line 2a of Form 5500 LLC			E	Employer Identifi	cation Number 94-3323797
Provi		oncerning Insurance C for each contract on a separate Schedule A.					an be
1 Coverage:	·						
****		(a)	Name of ir	surance carrier			
PACIFIC MUT	UAL LIFE						
(b) EIN	(c) NAIC	(d) Contract or	(e) A	pproximate number	r of persons	Policy or co	ontract year
(5) 511	code	identification number	covered	at end of policy or	contract year	(f) From	(g) To
95-1079000	67466	26651			3536	10/01/2002	09/30/2003
2 Insurance fees a brokers and other	and commissio or persons indi	ns paid to agents, brokers and o vidually in descending order of t	other persor the amount p	is. Enter the total fe paid in the items on	es and total com the following pag	misions below and list ge(s) in Part I.	agents,
			To	tals			· · · · · · · · · · · · · · · · · · ·
	Total amou	int of commissions paid			Total f	ees paid / amount	
			0				0
For Paperwork Re	duction Act N	otice and OMB Control Numi	bers, see th	e Instructions for	Form 5500.	v5.0 Schedule	A (Form 5500) 2002



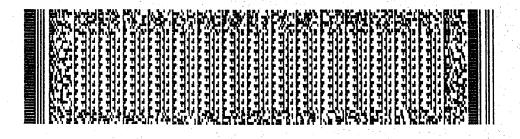


	Schedule A (Form 550	0) 2002	Page 2	
<del></del>	· · · · · · · · · · · · · · · · · · ·			Official Use Only
٠.			address of the agents, brokers or other whom commissions or fees were paid	
1 -				
	(b) Amount of commissions paid		Fees paid	(e) Organization
		(c) Amount	(d) Purpose	code
		(a) Name and persons to v	address of the agents, brokers or other whom commissions or fees were paid	
	(b) Amount of commissions paid		Fees paid	(e) Organization
	continissions paid	(c) Amount	(d) Purpose	code
			address of the agents, brokers or other whom commissions or fees were paid	

Fees paid

(d) Purpose

(e) Organization code



(c) Amount

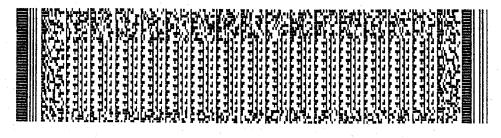
(b) Amount of commissions paid



•	
Schedule A (Form 5500) 2002	Page 3
	Official Use Only
Part II Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual corpurposes of this report.	ontracts with each carrier may be treated as a unit for
3 Current value of plan's interest under this contract in the general account at year end	
4 Current value of plan's interest under this contract in separate accounts at year end	
5 Contracts With Allocated Funds	
a State the basis of premium rates	
b Premiums paid to carrier	
C Premiums due but unpaid at the end of the year	
d If the carrier, service, or other organization incurred any specific costs in connection with	· · · · · · · · · · · · · · · · · · ·
or retention of the contract or policy, enter amount	,
Specify nature of costs	
e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan of	check here
6 Contracts With Unallocated Funds (Do not include portions of these contracts maintain	
	te participation guarantee
	ecify below)
(a) == and an order (abo	outy solotty
b Balance at the end of the previous year	81767
C Additions: (1) Contributions deposited during the year	
(2) Dividends and credits	
(3) Interest credited during the year	644837
(4) Transferred from separate account	
(5) Other (specify below)	
(6) Total additions	7414
d Total of balance and additions (add b and c)	
e Deductions:	
(1) Disbursed from fund to pay benefits or purchase annuities during year	
(2) Administration charge made by carrier	
(3) Transferred to separate account	

96568

8821615



(5) Total deductions . .

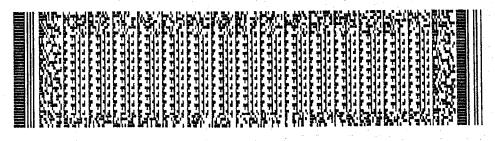


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Part III			<b>~</b>	Information
00 <b>37-3440-444</b> 00-901-90-01	10101+0-0	Danatit	Cantract	I-4
	VVHILAIH	DMILLER	v.miii aci	maniani
CALL NATION OF STREET	11011010		OUTHINGUE	11110111141101

7	Benefit and contract type (check all applicable boxes)	
	a Health (other than dental or vision) b Dental C Vision	d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment	ent h Prescription drug
	i Stop loss (large deductible) j HMO contract k PPO contract	I  Indemnity contract
	m ☐ Other (specify) ►	
3	Experience-rated contracts	
a	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
С	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were  paid in cash, or  credited.)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves	L .
	(3) Other reserves	
<u>е</u>		
9	Nonexperience-rated contracts:	
a	Total premiums or subscription charges paid to carrier	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	





Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to

Pension Benefit Gua	ranty Corporation	pu	rsuant to El	RISA section 103(a	)(2).			lic Inspection
For calendar year 20	02 or fiscal pla	n year beginning 10/01	/2002		and ending	09/30/2	2003	
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	MENTAL	LABORATORY	1	B Three-dig		001
C Plan sponsor's n BECHTEL BWXT		on line 2a of Form 5500 LLC				D Employe	er identific	ation Number 94-3323797
Provid		ncerning Insurance Co or each contract on a separate Schedule A.						an be
1 Coverage:		· · · · · · · · · · · · · · · · · · ·	·					
		(a)	Name of in	surance carrier				
PRINCIPAL LI	FE INSUR	ANCE				:	1	
(b) EIN	(c) NAIC	(d) Contract or identification number		pproximate number			Policy or co	ontract year (g) To
42-0127290		4368421				0 10/01/		11/30/2002
2 Insurance fees a brokers and othe	nd commissior r persons indiv	ns paid to agents, brokers and conductions in descending order of the	other person he amount p	s. Enter the total fe paid in the items on	es and total co the following p	mmisions belo age(s) in Part	ow and list I.	agents,
·			Tot	tals	····			
	Total amou	nt of commissions paid			Tota	l fees paid / aı	mount	
			0				·	0
For Paperwork Rec	luction Act No	otice and OMB Control Numb	ers, see th	e Instructions for	Form 5500.	v5.0	Schedule	A (Form 5500) 200



Sched			
			(a) Name and persons to
		•	

Page 2

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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization
	(c) Amount	(d) Purpose	code

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid		(e) Organization	
	(c) Amount	(d) Purpose	code

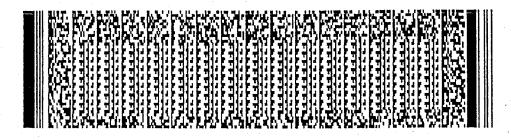
(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		
	(c) Amount	(d) Purpose	code
			<u> </u>





	Schedule A (Form 5500) 2002 Page 3	
		Official Use Only
	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be t	reated as a unit for
	purposes of this report.	
	Current value of plan's interest under this contract in the general account at year end	
	Current value of plan's interest under this contract in separate accounts at year end	
5_	Contracts With Allocated Funds	
a	State the basis of premium rates	
b	Premiums paid to carrier	
٦ C	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, enter amount	
_	Type of contract (1) individual policies (2) group deferred annuity	
Ç	(2) group deferred affinity  (3) other (specify)	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	1
<u>.</u> 6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
-	Type of contract (1) deposit administration (2) Immediate participation guarantee	
_	(3) guaranteed investment (4) other (specify below)	
	<b>▶</b>	
b	Balance at the end of the previous year	2165341
C	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
		21047
_	(6) Total additions	2186388
d	Total of balance and additions (add band c)	2100300
е	1	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below)	
	(5) Total deductions	2186388
f	Balance at the end of the current year (subtract e (5) from d )	0
	balance de the end of the earliest year (addition to be found of the end of the earliest year (addition to be found of the earliest year (addition to be found of the earliest year).	



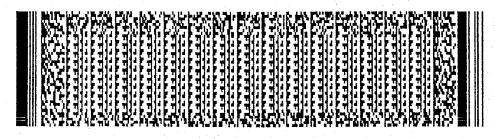


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Part III	Benefit Contract Information

7	and destruct type (distance boxes)	**:
		Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Pre	scription drug
	i	emnity contract
	m U Other (specify) ▶	
8		
а	a Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	b Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	<u> </u>
	(4) Claims charged	
C	C Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
d		
	(2) Claim reserves	
	(3) Other reserves	
е		
9		
а		<u></u>
b		
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	je-





Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

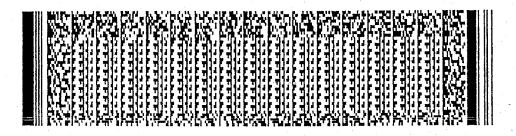
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OMB No. 1210-0110

2002

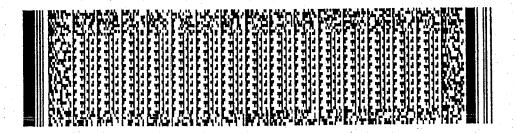
This Form is Open to Public Inspection

For calendar year 20	02 or fiscal pla	n year beginning 10/01	/2002		and ending	09/30/2003	··
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	MENTAL	LABORATORY	EMPL B	Three-digit plan number	001
C Plan sponsor's n BECHTEL BWXT		on line 2a of Form 5500 LLC		:	ם	Employer Identi	fication Number 94-3323797
Provid		oncerning Insurance Co for each contract on a separate S Schedule A.		-			can be
1 Coverage:				······································			
		(a)	Name of in	surance carrier			•
RABOBANK NE	ERLAND				.:		
(b) EIN	(c) NAIC	(d) Contract or		pproximate number			contract year
	code	identification number	covered	at end of policy or	contract year	(f) From	(g) To
13-3036591	00000	129901			3536	10/01/2002	09/30/2003
		ns paid to agents, brokers and o vidually in descending order of th					st agents,
:			To	tals	<u> </u>		
	Total amou	nt of commissions paid			Total fe	ees paid / amount	
			0				0
For Paperwork Red	luction Act N	otice and OMB Control Numb	ers, see th	e Instructions for	Form 5500.	v5.0 Schedu	ile A (Form 5500) 2002





(b) Amount of commissions paid		(e) Organization	
continussions paid	(c) Amount	(d) Purpose	code
			<u>l</u>





Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.  3 Current value of plan's interest under this contract in the general account at year end  4 Current value of plan's interest under this contract in separate accounts at year end  5 Contracts With Allocated Funds  a State the basis of premium rates  b Premiums due but unpaid at the end of the year  c Premiums due but unpaid at the end of the year  d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount  Specify nature of costs  e Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify)  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract (1) deposit administration (2) immediate participation guarantee  (3) Equaranteed investment (4) immediate participation guarantee  c Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions  9322		Schedule A (Form 5500) 2002 Page 3	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.  3 Current value of plan's interest under this contract in the general account at year end  4 Current value of plan's interest under this contract in separate accounts at year end  5 Contracts With Allocated Funds  a State the basis of premium rates   b Premiums paid to carrier   c Premiums due but unpaid at the end of the year   d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount   Specify nature of costs   Type of contract (1) individual policies   Type of contract (1) individual policies   Type of contract yurchased, in whole or in part, to distribute benefits from a terminating plan check here    5 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)   Type of contract (1) deposit administration   (2) immediate participation guarantee   other (specify below)  b Balance at the end of the previous year   209821  C Additions: (1) Contributions deposited during the year   (2) Dividends and credits   (3) Interest credited during the year   (4) Transferred from separate account   (5) Other (specify below)  6 Total additions   932249  (6) Total additions			Official Use Only
purposes of this report.  3 Current value of plan's interest under this contract in the general account at year end  4 Current value of plan's interest under this contract in separate accounts at year end  5 Contracts With Allocated Funds  a State the basis of premium rates  b Premiums paid to carrier  c Premiums due but unpaid at the end of the year  d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount  Specify nature of costs  e Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify)  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other (specify below)  b Balance at the end of the previous year 209821  c Additions: (1) Contributions deposited during the year 932249  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions 93322	P		
3 Current value of plan's interest under this contract in the general account at year end 4 Current value of plan's interest under this contract in separate accounts at year end 5 Contracts With Allocated Funds a State the basis of premium rates  b Premiums paid to carrier c Premiums due but unpaid at the end of the year d if the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount Specify nature of costs  e Type of contract (1) individual policies (2) group deferred annuity (3) other (specify)  f if contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) Type of contract (1) deposit administration (2) mineralized participation guarantee other (specify below)  b Balance at the end of the previous year 209821 c Additions: (1) Contributions deposited during the year 932249 (4) Transferred from separate account (5) Other (specify below)		Where individual contracts are provided, the entire group of such individual contracts with each carrier may be tre	eated as a unit for
4 Current value of plan's interest under this contract in separate accounts at year end  5 Contracts With Allocated Funds a State the basis of premium rates b Premiums paid to carrier c Premiums due but unpaid at the end of the year d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount Specify nature of costs e Type of contract (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here f Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) Type of contract (1) deposit administration (2) mimmediate participation guarantee (3) guaranteed investment (4) mediate participation guarantee other (specify below)  b Balance at the end of the previous year 209821  c Additions: (1) Contributions deposited during the year 932249 (4) Transferred from separate account (5) Other (specify below)  6 Total additions 9322			
Contracts With Allocated Funds  a State the basis of premium rates  b Premiums paid to carrier  c Premiums due but unpaid at the end of the year  d if the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount  Specify nature of costs  c Type of contract  f I individual policies  c Type of contract (1) individual policies  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract  Type of contract  (1) deposit administration  (2) immediate participation guarantee  (3) guaranteed investment  (4) other (specify below)   b Balance at the end of the previous year  c Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions  932249  (6) Total additions			
a State the basis of premium rates  b Premiums paid to carrier  c Premiums due but unpaid at the end of the year  d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount  Specify nature of costs  e Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify)  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other (specify below)  b Balance at the end of the previous year (2) Dividends and credits  (3) Interest credited during the year (2) Dividends and credits  (3) Interest credited during the year (3) Interest credited during the year (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions (7) Total additions (	4		
b Premiums paid to carrier  c Premiums due but unpaid at the end of the year  d if the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount  Specify nature of costs  e Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify)  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  f Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other (specify below)  b Balance at the end of the previous year (2) Dividends and credits  (3) Interest credited during the year (2) Dividends and credits  (3) Interest credited during the year (3) Other (specify below)    Type of contract (1) Contributions deposited during the year (3) Other (specify below)    Type of contract (4) Contributions deposited during the year (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)    Type of contract (5) Other (specify below) (5) Other (specify below)	5		
c Premiums due but unpaid at the end of the year  If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount  Specify nature of costs  Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify)  If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other (specify below)  b Balance at the end of the previous year 209821  C Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year 932249  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions	а		
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount  Specify nature of costs  Type of contract  Type of contract  Type of contract  Type of contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract  Type of contract	þ		
or retention of the contract or policy, enter amount  Specify nature of costs  Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify)  If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other (specify below)  b Balance at the end of the previous year 209821  c Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions	C		
Specify nature of costs  Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify)  If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other (specify below)  b Balance at the end of the previous year  C Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions  9322	d		
e Type of contract (1) individual policies (2) group deferred annuity (3) other (specify)  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other (specify below)  b Balance at the end of the previous year  C Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6) Total additions  Type of contract (1) individual policies (2) group deferred annuity (2) immediate participation guarantee (4) other (specify below)  932249		or retention of the contract or policy, enter amount	
(3) other (specify)  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other (specify below)  b Balance at the end of the previous year  c Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions  9322			
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract (1) deposit administration (2) immediate participation guarantee other (specify below)  b Balance at the end of the previous year chditions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6) Total additions (1) Total additions	е	(,,	
Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract (1) deposit administration (2) immediate participation guarantee other (specify below)  Balance at the end of the previous year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts immediate participation guarantee other (specify below)  209821  209821  30 Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6) Total additions (932249)			
Type of contract  (1) deposit administration (3) guaranteed investment  (4) other (specify below)  b Balance at the end of the previous year  Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6) Total additions  (2) immediate participation guarantee other (specify below)  immediate participation guarantee other (specify below)  932249	f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here▶ ☐	
(3) Siguaranteed investment (4) other (specify below)  Balance at the end of the previous year  C Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions  932249	6		
b Balance at the end of the previous year  c Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions  209821  209821	а		
C Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions  932249		(3) 🖺 guaranteed investment (4) 📋 other (specify below)	
C Additions: (1) Contributions deposited during the year  (2) Dividends and credits  (3) Interest credited during the year  (4) Transferred from separate account  (5) Other (specify below)  (6) Total additions  932249	L		20982162
(2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6) Total additions  932249			20302102
(3) Interest credited during the year 932249 (4) Transferred from separate account (5) Other (specify below)  (6) Total additions 9322	L		
(4) Transferred from separate account (5) Other (specify below)  (6) Total additions 9322			
(5) Other (specify below)  (6) Total additions		(5) Interest or edited during the year	
(6) Total additions			
(b) Total additions		(a) Other (specify below)	
01014		(S) Total additions	932249
	d	· · · · · · · · · · · · · · · · · · ·	21914411
e Deductions:		· · · · · · · · · · · · · · · · · · ·	
(1) Disbursed from fund to pay benefits or purchase annulties during year	C		
(2) Administration charge made by carrier			
(3) Transferred to separate account			
(4) Other (specify below)			
>		>	
(5) Total deductions		(5) Total deductions	0
	f		21914411

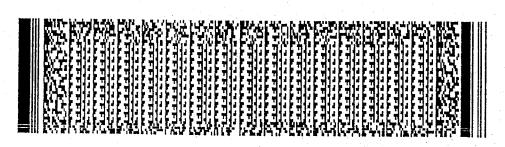




Schedule A	\ (Form	5500	2002

F	age	4
	age	-

	Welfare Benefit Contract Infon  If more than one contract covers the same employee organization(s), the information as a unit. Where individual contracts are preated as a unit for purposes on this report	ne group of employees of the sa may be combined for reporting provided, the entire group of su	Durposes if such contracts are e	vnerience mted
7	Benefit and contract type (check all applicable boxes)			
	a Health (other than dental or vision)  e Temporary disability (accident and sickness)  i Stop loss (large deductible)  Other (specify)	b Dental f Long-term disability j HMO contract	c Vision g Supplemental unemploys k PPO contract	d Life Insurance ment h Prescription drug Indemnity contract
8	Experience-rated contracts			
a	Premiums: (1) Amount received	******		
	(2) Increase (decrease) in amount due but unpaid	• • • • • • • • • • • • • • • • • • • •		
	(3) Increase (decrease) in unearned premium reserve	ve		
	(4) Earned ((1) + (2) - (3))			
b	Benefit charges: (1) Claims paid	• • • • • • • • • • • • • • • • • • • •		
	(2) Increase (decrease) in claim reserves	• • • • • • • • • • • • • • • • • • • •		
	(3) Incurred claims (add (1) and (2))			.
	(4) Claims charged	• • • • • • • • • • • • • • • • • • • •	***********	
C	Remainder of premium: (1) Retention charges (on an	accrual basis)		
	(A) Commissions	• • • • • • • • • • • • • • • • • • • •		
	(B) Administrative service or other fees	• • • • • • • • • • • • • • • • • • • •		
	(C) Other specific acquisition costs	• • • • • • • • • • • • • • • • • • • •		
	(D) Other expenses	· · · · · · · · · · · · · · · · · · ·		
	(F) Tayos			



(F) Charges for risks or other contingencies .....

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

(H) Total retention
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount ......

(G) Other retention charges ......

a Total premiums or subscription charges paid to carrier

(2) Claim reserves .

Nonexperience-rated contracts:

Specify nature of costs



Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

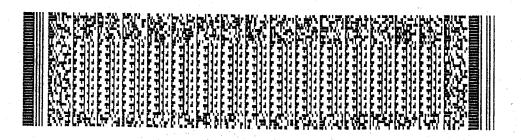
Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 20	02 or fiscal pla	an year beginning 10/0	1/2002		and ending	09/30/2003	
A Name of plan IDAHO NATION	IAL ENGIN	EERING AND ENVIRO	NMENTAL	LABORATORY	EMPL B	Three-digit	001
C Plan sponsor's r BECHTEL BWXT	ame as show	on line 2a of Form 5500 LLC			D		ication Number 94-3323797
Provid	rmation Co le information ed on a single	oncerning Insurance C for each contract on a separate Schedule A.	Contract ( Schedule A	Coverage, Fees . Individual contract	s, and Comr s grouped as a u	nissions Init in Parts II and III	can be
		(a)	Name of ir	surance carrier	<u>.</u>		
STATE STREET	BANK &	TRUST					
(b) EIN	(c) NAIC code	(d) Contract or identification number		Approximate number			contract year
04-1867445	00000	102020(1)			3536	(f) From 03/28/2003	(g) To 09/30/2003
2 Insurance fees a brokers and other	nd commission persons indiv	ns paid to agents, brokers and ridually in descending order of	other persor the amount p	s. Enter the total fee paid in the items on t	es and total comr he following pag	misions below and lis e(s) in Part I.	t agents,
			То	tals			
	Total amou	nt of commissions paid			Total fe	es paid / amount	
			0				0
For Paperwork Red	uction Act N	otice and OMB Control Num	bers, see th	e Instructions for I	Form 5500.	v5.0 Schedul	A (Form 5500) 2002





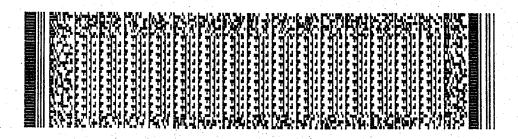
	Schedule A (Form 5500) 2	2002		Page 2		
					Official	Use Only
		(a) Name and a persons to wh	ddress of the agents, brokers or other nom commissions or fees were paid			
	(b) Amount of commissions paid	(2) A	Fees paid			(e) Organization code
:		(c) Amount	(d) Pur	oose		code
- 1		(a) Name and a persons to wh	ddress of the agents, brokers or other nor commissions or fees were paid			
	(b) Amount of commissions paid		Fees paid			(e) Organization
		(c) Amount	(d) Pur	ose	·	code
		(a) Name and a persons to wh	ddress of the agents, brokers or other om commissions or fees were paid			

Fees paid

(d) Purpose

(e) Organization

code



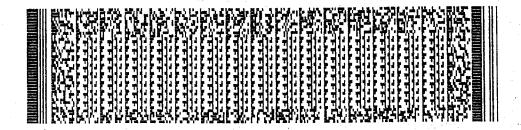
(c) Amount

(b) Amount of

commissions paid



•	Schedule A (Form 5500) 2002 Page 3	
	Ocheanie A (Faith 3000) 2002	Official Use Only
P	Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may be tr purposes of this report.	reated as a unit for
3	Current value of plan's interest under this contract in the general account at year end	
4_	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
a	State the basis of premium rates	
b		
С	Premiums due but unpaid at the end of the year	· · · · · · · · · · · · · · · · · · ·
đ		
	or retention of the contract or policy, enter amount	
	Specify nature of costs	
e	(3) Other (specify)	3
f_	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6 a	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract  (1) deposit administration  (2) immediate participation guarantee  (3) guaranteed investment  (4) other (specify below)	
b		9655251
С	: Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	9795016
	(6) Total additions	8785916
d	Total of balance and additions (add band c)	18441167
е	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below)	



(5) Total deductions . . .

Balance at the end of the current year (subtract



	Schedule	A i	(Form	55001	2002
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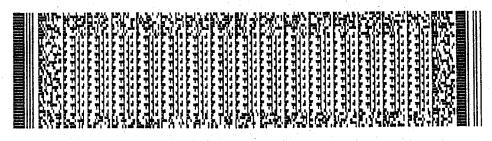
Ρ	ao	e	4

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Pan III	Welfare	<b>Benefit</b>	Contract	Information
---------	---------	----------------	----------	-------------

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7	Benefit and contract type (check all applicable boxes)	_
	a Health (other than dental or vision) b Dental c Vision	d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment	ent h Prescription drug
	i ∐ Stop loss (large deductible) j ∐ HMO contract k ∐ PPO contract	I 🔲 Indemnity contract
	m Uther (specify) ►	
В	Experience-rated contracts	
a	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
С	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
_	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	ł ·
d		
	(2) Claim reserves	
	(3) Other reserves	
<u>е</u>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
9	Nonexperience-rated contracts:	
a	Total premiums or subscription charges paid to carrier	
b		
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	





icial Use Only

#### SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

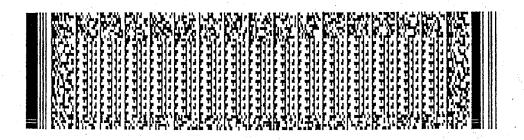
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OMB No. 1210-0110

2002

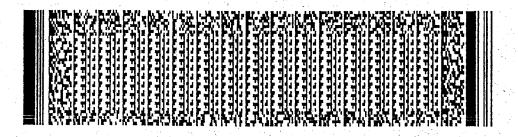
This Form is Open to Public Inspection

Perision Denem Guar	any Corporation	<u> </u>	Suant to LINION Section	100(a)(Z).		
For calendar year 20	02 or fiscal pla	n year beginning 10/01	/2002	, and ending	09/30/2003	
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	MENTAL LABORAT		B Three-digit	001
C Plan sponsor's n BECHTEL BWXT		on line 2a of Form 5500 LLC			D Employer Identifi	<b>cation Number</b> 94-3323797
Provid		Oncerning Insurance Co for each contract on a separate S Schedule A.				an be
1 Coverage:						
		(a)	Name of insurance carri	er		
STATE STREET	BANK &	TRUST				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate n	umber of persons	Policy or c	ontract year
(b) EIN	code	Identification number	covered at end of pol	icy or contract year	(f) From	(g) To
04-1867445	00000	98283		· · · · · · · · · · · · · · · · · · ·	0 10/01/2002	09/30/2003
		ns paid to agents, brokers and o vidually in descending order of th				t agents,
			Totals			
	Total amou	nt of commissions paid		Total	fees paid / amount	
			0			• 0
For Paperwork Red	uction Act N	otice and OMB Control Numb	ers, see the Instruction	ns for Form 5500.	v5.0 Schedule	A (Form 5500) 2002



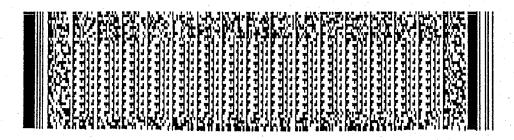


Schedule A (Form 5500) 2	002	Page 2	
			Official Use Only
	(a) Name and a persons to wh	ddress of the agents, brokers or other om commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
	(c) Amount	(d) Purpose	code
	(a) Name and ac persons to wh	idress of the agents, brokers or other om commissions or fees were paid	
(b) Amount of commissions paid		Fees paid	(e) Organization
	(c) Amount	(d) Purpose	code
	(a) Name and ac persons to wh	ldress of the agents, brokers or other orn commissions or fees were paid	
(b) Amount of commissions paid		Fees pald	(e) Organization
	(c) Amount	(d) Purpose	code





•	Schedule A (Form 5500) 2002 Page 3	
		Official Use Only
P	Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may be to purposes of this report.	reated as a unit for
3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
а	State the basis of premium rates	
b	Premiums paid to carrier	
C	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, enter amount	
	Specify nature of costs	
е	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity  (3) ☐ other (specify) ►	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
а	Type of contract  (1) deposit administration  (3) guaranteed investment  (2) immediate participation guarantee other (specify below)	
b	Balance at the end of the previous year	6124248
C	A 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(2) Dividends and credits	
	(3) Interest credited during the year 200483	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	•	
	(6) Total additions	200483
d	Total of balance and additions (add b and c)	6324731
e		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below) 6324731 ►MATURITY PAYMENT	





Schedule	Δ	/Earm	5500\	2000
Schedule	А	(Form	22001	2002

Page	4

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	Benefit and contract type (check all applicable boxes)	
	a Health (other than dental or vision) b Dental c Vision	d Life Insurance
	Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment	nt h Prescription dru
	i Stop loss (large deductible) j HMO contract k PPO contract  m Other (specify) ▶	Indemnity contra
	Experience-rated contracts	
	NOT THE REPORT OF THE PROPERTY	
	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
1	(4) Earned ((1) + (2) - (3))	
,	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
,	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees (C) Other specific acquisition costs	
	(5) Other specific acquisition costs	
	[800]	
	( ) and the state of the obtaining of th	
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
5	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves (3) Other reserves	
		·
<u> </u>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
	f the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
·	r retention of the contract or policy, other than reported in Part I, item 2 above, report amount	





#### SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

#### Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information

Official Use Only OMB No. 1210-0110 2002

This Form is Open to

Pension Benefit Guar	anty Corporation	pui	rsuant to 🖃	RISA section 103(a	)(2).			one inspection
For calendar year 200	02 or fiscal pla	n year beginning 10/01	/2002	,	and ending	09/30/2	003	
A Name of plan IDAHO NATION	AL ENGIN	EERING AND ENVIRON	MENTAL	LABORATORY	EMPL	B Three-digit plan numb		001
C Plan sponsor's n BECHTEL BWXT		on line 2a of Form 5500 LLC				D Employer	ldentific	eation Number 94-3323797
Provid		oncerning Insurance Co or each contract on a separate S Schedule A.					and III c	an be
1 Coverage:								
		(a)	Name of in	surance carrier				
UBS WARBURG								•
(b) EIN	(c) NAIC	(d) Contract or		pproximate number		Po	olicy or c	ontract year
(5) 2.11	code	identification number	covered	at end of policy or	contract year	(f) Fr	om	(g) To
13-3873456	00000	2565			353	6 10/01/2	002	09/30/2003
		ns paid to agents, brokers and o idually in descending order of th						agents,
			To	als	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	Total amour	nt of commissions paid			Tota	l fees paid / am	ount	
•			0					0
For Paperwork Red	uction Act No	otice and OMB Control Numb	ers, see th	e instructions for	Form 5500.	v5.0 S	chedule	A (Form 5500) 2002



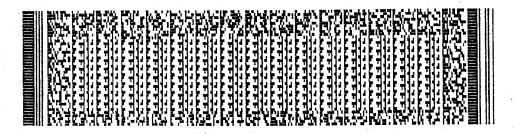
Schedule A (Form 5500) 20	002		Page 2		
				Official	Jse Only
	(a) Name and ac persons to wh	ddress of the agents, brokers or other om commissions or fees were paid			•
(b) Amount of commissions paid		Fees paid	•		(e) Organization
	(c) Amount	( <b>d</b> ) Pu	rpose		code
	(a) Name and ac persons to wh	ddress of the agents, brokers or other om commissions or fees were paid			
(b) Amount of commissions paid		Fees paid			(e) Organization
	(c) Amount	(d) Pu	rpose		code
	(a) Name and a persons to wh	ddress of the agents, brokers or other nom commissions or fees were paid			
(b) Amount of commissions paid		Fees paid			(e) Organization
	(c) Amount	(d) Pu	irpose .		code





ı		
	Schedule A (Form 5500) 2002 Page 3	
		Official Use Only
Pa	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be tre purposes of this report.	ated as a unit for
3 (	Current value of plan's interest under this contract in the general account at year end	
4 (	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
a	State the basis of premium rates	
b	Premiums paid to carrier	
C	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, enter amount	
	Specify nature of costs	
е	Type of contract (1) individual policies (2) group deferred annuity	
	(3) U other (specify)	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here▶ ☐	· · · · · · · · · · · · · · · · · · ·
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	•
a	Type of contract (1) deposit administration (2) immediate participation guarantee	
	(3) Sugaranteed investment (4) other (specify below)	
h	Balance at the end of the previous year	11092929
b	Additions: (1) Contributions deposited during the year	
Ü	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	<u> </u>	505826
	(6) Total additions	11598755
d	Total of balance and additions (add b and c)	11390733
е	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below)	

11598755



f Balance at the end of the current year (subtract e (5) from d).



Schedule	A	(Form	55003	2002

Р	ac	e	4

Official Use Only

#### Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

1	Benefit and contract type (check all applicable boxes)	raka a <u>La</u> ra a Santa
	a Health (other than dental or vision) b Dental C Vision	d Life Insurance
	e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment	h Prescription drug
	i Stop loss (large deductible) j HMO contract k PPO contract	I Indemnity contract
	m ☐ Other (specify) ►	
8	Experience-rated contracts	
а	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
C	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	<u> </u>
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	· · · · · · · · · · · · · · · · · · ·
	(2) Claim reserves	
	(3) Other reserves	
<u>e</u>		
9	Nonexperience-rated contracts:	
a		
b	, , , , , , , , , , , , , , , , , , , ,	
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	
		·





#### SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

#### Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning	10/01	/2002	and endin	g 09	/30/200	)3	
<b>A</b> Name of plan IDAHO NATIONAL ENGINEERING AND ENVIR	ONMENT	AL LABORATORY			e-digit number	•	001
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC				D Emp	loyer ider	ntification Nur 94-33	<b>nber</b> 323797
Part   Service Provider Information (see ins	struction	ns)					
1 Enter the total dollar amount of compensation paid by the	plan to all	persons, other than thos	se				
listed below, who received compensation during the plan y	ear:			. 1	<u> </u>		3612
2 On the first item below list the contract administrator, if any	y, as defin	ed in the instructions. C	n the other items	, list ser	vice provide	ers in	
descending order of the compensation they received for th	ne services	rendered during the pla	an year. List only t	ne top 40	), 103-12 II	Es should	
enter N/A in (c) and (d).							····
, (a) Name		(b) Employer identification number (see instructions)		(c)	Official pla position	an	
			CONTRACT	ADM]	NISTRA	ATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees an commission paid by pla	าร		(g) Nature of service code(s see instruction	)
				<u> </u>		12	
(a) Name		(b) Employer identification number (see instructions)		<b>(</b> c)	Official plans	an	
BECHTEL BWXT IDAHO, LLC		94-3323797	ADMINIST	RATIO	ОИ		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees ar commission paid by pla	ns		(g) Nature of service code(s (see Instruction	s)
PLAN SPONSOR		0		3049	7	13	
For Paperwork Reduction Act Notice and OMB Control Nu	mbers, se	e the instructions for	Form 5500.	v5.0	Schedu	ile C (Form 55	00) 2002



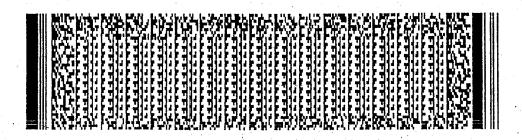


Schedule C (Form 5500) 2002	and the state of t		Page 2	
Scriedale O (r orm socio) 2002				Official Use Only
(a) Name		(b) Employer identification number (see instructions)		Official plan position
MARSH USA AGENCY, INC.		75-1322421	OTHER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		0	23017	99
(a) Name		(b) Employer identification number (see instructions)	(c)	Official plan position
RUDD & COMPANY		82-0467399	ACCOUNTING	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		0	12634	10
(a) Name		(b) Employer identification number (see instructions)	(c)	Official plan position
BROBECK, PHLEGER & HARRISON		94-1259588	LEGAL	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	oi	) Gross salary r allowances aald by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		0	9913	22





Schedule C (Fo	orm 5500) 2002	<u> </u>		·	Page 3			
							Official Use C	Only
art il Termination	on Information on .	<u>Accountants a</u>	nd Enrolle	d Actuaries	see instru	ctions)		
) Name		- ·		\$ .	(b	) EIN		
Position			,					
Address					•			
lanation:								
Name					(b	) EIN	· · · · · · · · · · · · · · · · · · ·	
Position				· .	***************************************			·····
Address						····		
Telephone No.						······································		
lanation:						·		
			·		<u> </u>			·
Name		`.		<del></del>	(t	) EIN		
Position			·					
Address					· · · · · · · · · · · · · · · · · · ·			
Telephone No.					· · · · · · · · · · · · · · · · · · ·			
lanation:								,
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#### SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

For calendar year 2002 or fiscal plan year beginning

Pension Benefit Guaranty Corporation

#### **Financial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

and ending

10/01/2002

Official Use Only

OMB No. 1210-0110

09/30/2003

2002

This Form is Open to Public Inspection.

A Name of plan  IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPL	B Three-digit	. 001
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	D Employer Identii	fication Number 94-3323797
Part Asset and Liability Statement		
Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value trust. Report the value of the plan's interest in a commingled fund containing the assets of more than on value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance c year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. If g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See	ontract which guarantee FEs do not complete lir	es, during this plan
	Beginning of Year	(b) End of Year
a Total noninterest-bearing cash		
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions b(1)		
(2) Participant contributions b(2)		
(3) Other b(3)		
c General investments:		
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)		
(2) U.S. Government securities		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)	11001701	11237012
(8) Participant loans	11221794	1123/012
(9) Value of interest in common/collective trusts c(9)		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts	<u> </u>	
(12) Value of interest in 103-12 investment entities	299593205	384742089
(13) Value of interest in registered investment companies (e.g., mutual funds) c(13)	173332266	193823359
(14) Value of funds held in insurance co. general account (unallocated contracts)	1/3332266	193023333
(15) Other c(15)		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 550	00. v5.0 Sche	edule H (Form 5500) 200





d(1)

d(2)

f

g.

h i

e Buildings and other property used in plan operation

Total assets (add all amounts in lines 1a through 1e)

Liabilities

**Net Assets** 

d Employer-related investments:

(2) Employer real property

(1) Employer securities

g Benefit claims payable h Operating payables

Other liabilities

Acquisition indebtedness

489779766

Page 2 Official Use Only (a) Beginning of Year (b) End of Year 5632501 489779766 589802460 ō

589802460

**Income and Expense Statement** 

Net assets (subtract line 1k from line 1f)

k Total liabilities (add all amounts in lines 1g through 1j)

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs

	and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.			
	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	a(1)(A)	11936355	
	(B) Participants	a(1)(B)	29423686	
	(C) Others (including rollovers)	a(1)(C)	1173713	
	(2) Noncash contributions	a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		42533754
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market			
	accounts and certificates of deposit)	b(1)(A)		
	(B) U.S. Government securities	b(1)(B)		
	(C) Corporate debt instruments:	(1)(C)		
	(D) Loans (other than to participants)	b(1)(D)		
	(E) Participant loans	b(1)(E)	819265	
	(F) Other	b(1)(F)	9651006	
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		10470271
	(2) Dividends: (A) Preferred stock	b(2)(A)		
	(B) Common stock	b(2)(B)	7231	2001
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		7231
	(3) Rents	b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	55444142	
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	56138400	601050
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)		-694258





Pa	пe	3

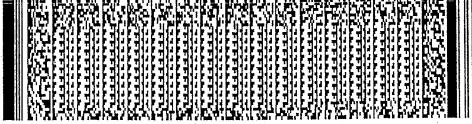
_		***************************************		Official Use Only
			(a) Amount	(b) Total
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)		
	(B) Other	b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	1 1 1 1 1 1		
	(7) Net investment gain (loss) from pooled separate accounts	b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	1 (0)		
	(9) Net investment gain (loss) from 103-12 investment entities	b(9)		<del></del>
	(10) Net investment gain (loss) from registered investment companies			
	(e.g., mutual funds)	b(10)		71881909
	Other income	E		137
C	1 <del></del>	d		124199044
	Expenses	-		
ε				
	(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	24093191	
	(2) To insurance carriers for the provision of benefits	e(2)		
	(3) Other	e(3)	-	
	(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)		24093191
f	Corrective distributions (see instructions)			
Ç				3486
h		g h		3,00
ì	Administrative expenses: (1) Professional fees	i(1)		
	(2) Contract administrator fees	i(2)		
	(3) Investment advisory and management fees	i(3)		
	(4) Other		79673	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	i(4)	,,,,,,,	79673
٠.	Total expenses. Add all expense amounts in column (b) and enter total	i(5)		24176350
,	Net Income and Reconciliation			24170330
k	Not income (level) (subtant the Other H. C. C.			100022694
ï	Transfers of assets	k		100022034
•	(1) To this plan	1/4\		
		I(1)		
100	art III Accountant's Opinion	1(2)		
3	The opinion of an independent qualified public accountant for this plan is (see instruction			
	Attached to this Form 5500 and the opinion is: (1) Unqualified (2) Qua		3) Disclaimer (4)	A.b
	Not attached because: (1) the Form 5500 is filed for a CCT, PSA or MTIA.	anneu (	o) 🔲 Discialmer (4) 📋	Adverse
	(2) the opinion will be attached to the next Form 5500 purs	susant to 20	CED 2520 404 50	
С	Also check this box if the accountant performed a limited scope audit pursuant to 29 CF	D 2520 103	OFN 2020, 104-00,	П
d	If an accountant's opinion is attached, enter the name and EIN of the accountant (or acc	ounting fire	-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · · · · · · · · · · · · · · · · · ·
	RUDD & COMPANY, PLLC	ountilly lift	8:	2-0467399
		·····		
	· 圖川 战犯,政治的政治,其实成功,以中共产生的人民共和国人的政治和人民共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共	外视至星	11 11 1	
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		北京工		
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Page	4

Official Use Only

nt IV Transactions During Plan Year				·
CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h,	, 4k, o	r 5.		
103-12 IEs also do not complete 4j.		· ·		
During the plan year:	Yes	No		Amount
Did the employer fail to transmit to the plan any participant contributions within the time				
period described in 29 CFR 2510.3-102? (see instructions and DOL's Voluntary				
Fiduciary Correction Program)		X	****************	
Were any loans by the plan or fixed income obligations due the plan in default as of the close				
of plan year or classified during the year as uncollectible? Disregard participant loans secured				
by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked) b		Х		
Were any leases to which the plan was a party in default or classified during the year as				
uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)		X		
Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach				
Schedule G (Form 5500) Part III if "Yes" is checked)		X		50000
Was this plan covered by a fidelity bond?	Х			50000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was				
caused by fraud or dishonesty?	*******	X		
Did the plan hold any assets whose current value was neither readily determinable on an		х		
established market nor set by an independent third party appraiser?		^		
		х		
on an established market nor set by an independent third party appraiser?		^		
Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is	X			
checked, and see instructions for format requirements)				
Were any plan transactions or series of transactions in excess of 5% of the current value of				
plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for		Х		
format requirements)				
Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?		Х		
pian or prolight linger the control of the PHGCZ	1			
present an extended and a second a second and a second an	er the	E	of any plan	assets that
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter	er the	E		assets that
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year		amount Amoun	t	
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year Yes No If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the second seco		amount Amoun	t	
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year		amount Amoun	t	
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year Yes No If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the second seco		amount Amoun	t	ts or liabilities
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year		amount Amoun	t	ts or liabilities
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year		amount Amoun	t	ts or liabilities
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year		amount Amoun	t	ts or liabilities
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year		amount Amoun	t	ts or liabilities
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year		amount Amoun	t	ts or liabilities
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter reverted to the employer this year		amount Amoun	t	ts or liabilities





# IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN

Schedule of Assets Held for Investment Purposes As of September 30, 2003 Idaho National Engineering and Environmental Laboratory Employee Investment Plan, EIN 94-3323797, PN 001

Attachment to Form 5500, Schedule H, Line 4(i):

Identity of Issue	Investment Type	Cost	Cui	Current Value
* I ord Abbett Mid Cap Value Fund	Registered Investment Company \$	1,407,946	<del>ഗ</del>	1,564,294
* ING Small Cap	Registered Investment Company	1,639,768		1,561,414
* Van Kampem Aggressive Growth	Registered Investment Company	1,120,813		1,128,718
* Vanouard 500 Index Inv	Registered Investment Company	192,706,081		176,948,812
* Vanmiard Asset Allocation Fund	Registered Investment Company	68,898,836		63,325,258
* Vanarard Capital Opportunity	Registered Investment Company	11,038,277		11,454,142
* Vananard Int! Growth Find	Registered Investment Company	4,847,264		4,144,082
* Vanmaard Morgan Growth Inv	Registered Investment Company	11,914,551		9,383,967
* Vanmaard Prime Money Mkt	Registered Investment Company	6,316,051		6,316,051
* Wangard DRIMFCAP Find	Registered Investment Company	81,222,754		69,169,282
* View and Total Road Met Index	Registered Investment Company	19,575,375		19,915,245
* VI Walled to the Dollar Mind Inc.	Registered Investment Company	15,289,282	•	14,456,192
vanguard windsor it i did inv	5.5% - 10.5%	11,237,012	,	11,237,012
* INEET Stable Wallie Find	Unallocated Insurance Contract	199,197,991		199,197,991
INTELL STATIC VALUE I UITU				
Total assats held for investment numoses	<b>₩</b>	626,412,001	₩.	589,802,460
וסומו מספלט וופות זפן ווועפסייוים וו לייול אין				

<sup>\*</sup> Party in Interest

#### SCHEDULE P (FORM 5500)

#### Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

Department of the Treasury Internal Revenue Service

File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection.

10/01/00/	09/30/2003
For trust calendar year 2002 or fiscal year beginning 10/01/200	JZ and ending 0973072003
1a Name of trustee or custodian	
VANGUARD FIDUCIARY TRUST COMPANY	
b Number, street, and room or suite no. (If a P.O. box, see the instr	ructions for Form 5500 or 5500-EZ.)
100 VANGUARD BOULEVARD	
C City or town, state, and ZIP code	
MALVERN PA 19355	
2a Name of trust IDAHO NATIONAL ENGINEERING AND ENVIRONME	NTAL LABORATORY EMPLOYEE
b Trust's employer identification number 23	3-2186884
3 Name of plan if different from name of trust	
4 Have you furnished the participating employee benefit plan(s) with to be reported by the plan(s)?	th the trust financial information required Yes No
5 Enter the plan sponsor's employer identification number as show or 5500-EZ	vn on Form 5500 94−3323797
Under penalties of perjury, I declare that I bave examined this schedule Signature of fiduciary	e, and to the best of my knowledge and belief it is true, correct, and complete.  Date ► 10/29/03
For the Paperwork Reduction Notice and OMB Control Numbers	s, v5.0 Schedule P (Form 5500) 200





SCHEDULE T (Form 5500)

#### Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2002

Official Use Only

This Form is Open to

Department of the Treasury internal Revenue Service	▶ File a:	s an attachment to Fo	rm 5500.	• .	. 1	rm is Open c Inspectio	
For calendar year 2002 or fisc		01/2002	and ending	09/3	30/2003		
A Name of plan	GINEERING AND ENVIRON	NMENTAL LABORA	TORY EMPL	5 T T T T T T T T T T T T T T T T T T T	Three-digit		001
C Plan sponsor's name as sl BECHTEL BWXT IDAH	nown on line 2a of Form 5500 O, LLC			D	Employer Identif	fication Nu 94-33	
Note: If the plan is maintained	by:						-
<ul> <li>More than one employer an each employer (see the ins</li> </ul>	d benefits employees who are not co truction for line 1).	ollectively-bargained em	ployees, a separate S	chedule T	may be required	for	
<ul> <li>An employer that operates each QSLOB (see the instr</li> </ul>	qualified separate lines of business ( ruction for line 2).	(QSLOBs) under Code	section 414(r), a sepa	rate Sche	dule T may be red	juired for	
1 If this schedule is being t	filed to provide coverage information	regarding the noncolled	tively bargained empl	oyees of a	n employer partici	pating	
in a plan maintained by n	nore than one employer, enter the na	ame and EIN of the parti	cipating employer:				
1a Name of participating em	ployer			1b Emp	loyer identificati	on number	r 
	ng the plan operates QSLOBs, enter	r the following information	on:				
	that the employer operates is	••					
b The number of such QSI	LOBs that have employees benefiting	g under this plan is _	•				_
	the minimum coverage requirement	•	•			. U Yes	∐ No
d If the entry on line 2b is t ▶	wo or more and line 2c is "No," iden	tify the QSLOB to which	n the coverage informa	ation given	on line 3 or 4 rela	ates.	
	box before each statement that desc to not complete the rest of this S		nployer. Also see instr	uctions.			
a The employer employ	ys only highly compensated employe	es (HCEs).					
b No HCEs benefited u	under the plan at anytime during the	plan year.					
C The plan benefits onl	ly collectively-bargained employees.						
d X The plan benefits all	nonexcludable nonhighly compensa	ated employees of the er	nployer (as defined in	Code sec	tions 414(b), (c),	and (m)),	
including leased emp	oloyees and self-employed individual	ls.		:			
e  The plan is treated as	s satisfying the minimum coverage r	requirements under Coo	le section 410(b)(6)(C	).			
For Paperwork Reduction A	ct Notice and OMB Control Numb	bers, see the instructi	ons for Form 5500.	v5.0	Schedule T	(Form 550	0) 2002





(Rev. June 2001)

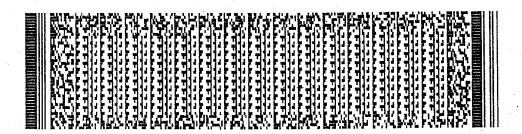
### Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

Department of the Internal Revenue S		structio	ns on b	ack.		File W	ith IR	S Only
ile before the	Name of filer, plan administrator, or plan sponsor (see instructions)	File	r's Identii	ying Num	ber-Check	applicable	box an	d enter
normal due	Bechtel BWXT Idaho, LLC	1	•	nstruction	ıs). ıtion number	(EIN) File	rs chack	ing box
ate of the	Number, street, and room or suite no. (If a P.O. box, see instructions.)	- 45	1a must	enter an E	IN. All other			
form 5500, 5500-EZ, or	PO Box 1625		Instruction	ons. 94-	3323797			OR
330 (see	City or town, state, and ZIP code		Social se	curity nun	nber (see Sp	ecific Inst	ructions	
nstructions)	Idaho Falls, ID 83415-3200		<b>&gt;</b> .		(000 op	30,110		
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signed	olication is automatically approved to the date shown on line 1 (al and filed on or before the normal due date of Form 5500 or 5500-E 1 is no more than 21/2 months after the normal due date.							
You mu	st attach a copy of this Form 5558 to each Form 5500 and 5500-EZ	filed aft	er the d	ue date	for the plan	ns listed	below.	
b 🗌 Form	m 5330 (no more than 6 months). Payment amount attached is 💄			(see	e instructio	ns)		
	te the following for the plan(s) covered by this application (see Hove		e);					
	Plan name/filer	Type o	of plan	(check)	Plan	Plan	year e	nding
	rian name/mei	Pension	Welfare	Fringe	number	Month	Day	Year
	al Engineering and Environmental Employee Investment Plan	X			0 0 1	9	30	2003
		·			: :			
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3 State in	detail why you need the extension (if line 1b is checked)	.1	<del></del>	l	<u> </u>			
	es of perjury, I declare that to the best of my knowledge and belief the statement epare this application.	rts made	on this fo		4/19/	,		that I am
Notice to	To Be Completed by the IRS if line 1b is checked ▼				,			
Applicant	This application for extension to file Form 5330 IS approved must attach an approved copy of this form to each Form	to the 5330 th	date sh at was	own on granted	line 1, if li	ne 1b is sion.)	check	ed. <b>(You</b>
	☐ The date entered on line 1 is more than the 6-month maximum						ion is a	pproved
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by the IRS	The application for an extension for Form 5330 is not approretum. (A 10-day grace period is not granted.)	ved, be	cause it	was file	d after the	normal	due da	te of the
ls	☐ This application for an extension for Form 5330 is not appro	ved, be	cause			•		
Checked	☐ The application was not signed.							
	☐ No reason was given on this application or the reason was	as not a	cceptal	ole.				
	<ul> <li>No payment was attached for the tax due on Form 5330.</li> <li>Other ►</li> </ul>	•						
	A 10-day grace period is granted from the date shown below (You must attach a copy of this form to each return you	v or the	due da	ite of the	e return, w	hichever	is late	r.
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	(Date) (Director)				1.7	Ву:		
Annliannta fo	r extension of Form 5330: Complete if you want this Form 5558 retu	med to	an add	ress oth	er than the	address	show	n above.
Applicants 10			an auu	. 333 041	e. uidii iile	200,000		
	Name							
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Print or	Number, street, and room or suite no. (If a P.O. box, see instruction	2-/						
Type	City or town, state, and ZIP code							
		\$000000000				~~~~		

#### EIN 94-3323797 / PN 001

Enter the date the plan year began for which coverage data is being submitted.  Did any leased employees perform services for the employer at any time during the plan year?  In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans?  Complete the following:  Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals  Number of excludable employees as defined in IRS regulations (see instructions)  Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1))  Number of nonexcludable employees (line 4c(3)) who are HCEs  Sumber of honexcludable employees (line 4c(3)) who benefit under the plan  C(5)  C(6)	fficial Use Only Year Yes No
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(-)	······
d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the	
d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions)	%
mornation on the second reportants (see instruction)	
e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).	
Disaggregated part: Ratio Percentage: Exception:	
Disaggregated part: Ratio Percentage: Exception:	
74)	
(1)	
(2)	
(3)	
f This plan satisfies the coverage requirements on the basis of (check one): (1) \( \bigcap \) the ratio percentage test (2) \( \bigcap \) at	verage benefit test







#### IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN

FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITORS' REPORT

YEARS ENDED SEPTEMBER 30, 2003 AND 2002

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#### INDEPENDENT AUDITORS' REPORT

To the INEEL Employee Retirement and Investment Plans Committee Idaho National Engineering and Environmental Laboratory Employee Investment Plan Idaho Falls, Idaho

We have audited the accompanying statements of net assets available for benefits of the Idaho National Engineering and Environmental Laboratory Employee Investment Plan (the Plan) as of September 30, 2003 and 2002, and the related statements of changes in net assets available for plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Idaho National Engineering and Environmental Laboratory Employee Investment Plan as of September 30, 2003 and 2002, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements, but is information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. This supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

January 15, 2004

**(**]

P. O. Box 1895 • 725 South Woodruff Avenue • Idaho Falls, ID §3403-1895 • 208-529-9276, FAX 208-523-1406 • www.ruddco.com

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# IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS SEPTEMBER 30,

£33

	2003	2002
INVESTMENTS, (At Fair Value):		
Registered Investment Companies:		
Lord Abbett Mid Cap Value Fund	\$ 1,564,294	\$
Van Kampen Aggressive Growth Fund	1,128,718	614,232
ING Small Cap Opportunities Fund	1,561,414	851,972
Vanguard 500 Index Fund	176,948,812	140,876,068
Vanguard Asset Allocation Fund	63,325,258	52,385,636
Vanguard Capital Opportunity Fund	11,454,142	3,864,965
Vanguard International Growth Fund	4,144,082	2,835,625
Vanguard Morgan Growth Fund	9,383,967	6,898,205
Vanguard Prime Money Market Fund	6,316,051	7,274,257
Vanguard PRIMECAP Fund	69,169,282	48,622,796
Vanguard Total Bond Market Index Fund	19,915,245	16,172,362
Vanguard Windsor II Fund	14,456,192	11,418,587
	379,367,457	291,814,705
LOCKHEED MARTIN STOCK FUND		5,632,501
LOANS RECEIVABLE, Participants	11,240,498	11,223,039
INVESTMENTS, at contract value		
INEEL Stable Value Fund	199,197,991	181,110,766
TOTAL INVESTMENTS	589,805,946	489,781,011
TOTAL ASSETS	589,805,946	489,781,011
NET ASSETS AVAILABLE FOR BENEFITS	\$ 589,805,946	\$ 489,781,011

The Accompanying Notes are an Integral Part of the Financial Statements.

# IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED SEPTEMBER 30,

	2003	2002
ADDITIONS:		
Investment Income:		
Interest and Dividend Income	\$ 15,615,230	\$ 16,643,010
Miscellaneous	137	66,546
Net Realized and Unrealized Depreciation		
in Current Value of Investments	66,049,923	(68,056,556)
	81,665,290	(51,347,000)
Contributions:		
Employer Contributions	11,936,355	12,083,167
Participant Contributions	30,597,399	28,852,218
	42,533,754	40,935,385
	124,199,044	(10,411,615)
DEDUCTIONS:		
Benefit Payments	24,094,436	39,941,604
Administrative Expenses	79,673	92,404
	24,174,109	40,034,008
NET INCREASE (DECREASE)	100,024,935	(50,445,623)
NET ASSETS AVAILABLE FOR BENEFITS AT		
BEGINNING OF YEAR	489,781,011	540,226,634
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 589,805,946	\$ 489,781,011

(%)

The Accompanying Notes are an Integral Part of the Financial Statements.

# IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2003

#### DESCRIPTION OF PLAN

The following description of the Idaho National Engineering and Environmental Laboratory Employee Investment Plan provides only general information. Participants should refer to the Plan document or summary plan description for a more complete description of the Plan's provisions.

#### General

The Idaho National Engineering and Environmental Laboratory Employee Investment Plan (the Plan) is a defined contribution plan. The Plan is sponsored by Becntel BWXT Idaho, LLC.

Effective October 1, 1999 all existing employees and any employees hired on or after October 1, 1999 are eligible to participate in the Plan upon their employment date. Prior to October 1, 1999 employees became eligible to participate upon completion of one year of service.

#### Contributions

Effective January 1, 2003 participants in the Plan may contribute up to 50% of their yearly compensation to the Plan, prior to January 1, 2003 participants in the Plan could contribute up to 20% of their yearly compensation to the Plan with the Plan sponsor contributing an amount equal to 60% of the total participant after-tax and 401(k) deferrals that are eligible to receive company matching contributions. The maximum amount of participant contributions that are eligible to receive company matching contributions is 8% of participant earnings. Only participant after-tax contributions and participant 401(k) deferrals by an active participant with at least one year of vesting service shall be eligible to share any company matching contributions.

#### Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the company's contribution, plan earnings and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### 1. DESCRIPTION OF PLAN (Continued)

#### Vesting

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A participant is immediately vested in participant after-tax contributions, rollovers, and 401(k) salary deferrals. Vesting in the Company matching contribution is based upon years of continuous service and commences after two years of service and increases annually in 25% increments until participants become fully vested after completing 5 years of cumulative service.

#### Loans

During a period of covered service, a participant may borrow from his participant account, subject to rules and procedures set forth in the loan policy approved by the committee and specific guidelines as outlined within the Plan document.

#### Other

The Plan is administered by the INEEL Employee Retirement and Investment Plans Committee.

#### **Investment Options**

During the Plan year ending September 30, 2003, participants were able to allocate their contributions among the following investment options:

Lord Abbett Mid Cap Value Fund: Seeks capital appreciation through investments, primarily in equity securities, which are believed to be undervalued in the marketplace.

Van Kampen Aggressive Growth Fund: Seeks capital growth by investing primarily in common stock and other equity securities of small and medium sized growth companies.

ING Small Cap Opportunity Fund: Seeks long-term capital appreciation by investing primarily in equity securities of small U.S. companies that have above average prospects for earnings growth.

Vanguard 500 Index Fund: Seeks to provide long-term growth of capital and income from dividends by holding all of the 500 stocks that make up the unmanaged Standard & Poor's 500 Composite Stock Price Index, a widely recognized benchmark of U.S. stock market performance.

Vanguard Asset Allocation Fund: Seeks to provide long-term growth of capital and income by investing in common stocks, long-term U.S. Treasury bonds, and money market instruments. The mix of assets changes from time to time, depending on which mix appears to offer the best combination of expected returns and risk.

#### 1. DESCRIPTION OF PLAN (Continued)

Vanguard Capital Opportunity Fund: Seeks maximum long-term total return by investing primarily in stocks of medium and small capitalization companies expected to have above average growth of earnings.

Vanguard International Growth Fund: Seeks to provide long-term growth of capital by investing in stocks of high-quality, seasoned companies based outside the United States. Stocks are selected from more than 15 countries.

Vanguard Morgan Growth Fund: Seeks long-term growth of capital by investing primarily in stocks of large and mid-sized companies that have strong records of growth in sales and earnings or that have performed well during certain market cycles.

Vanguard Prime Money Market Fund: Seeks to provide high income and a stable share price of \$1 by investing in short-term, high-quality money market instruments issued by financial institutions, nonfinancial corporations, the U.S. government, and federal agencies.

Vanguard PRIMECAP Fund: Seeks long-term growth of capital by investing in stocks of companies with above-average prospects for continued earnings growth, strong industry positions, and skilled management teams.

Vanguard Total Bond Market Index Fund: Seeks to provide a high level of interest income by attempting to match the performance of the unmanaged Lehman Brothers Aggregate Bond Index, which is a widely recognized measure of the entire taxable U.S. bond market.

Vanguard Windsor II Fund: Seeks to provide long-term growth of capital and income from dividends by investing in a diversified group of out-of-favor stocks of large-capitalization companies. The stocks generally sell at prices below the overall market average compared to their dividend income and future income and future return potential.

INEEL Stable Value Fund: The INEEL Stable Value Fund seeks to provide relatively stable returns, current income, and preservation of principal. The fund is designed to maintain a stable share value of \$1. The fund invests in investment contracts issued and backed by financial institutions.

#### **Forfeitures**

37

Provisions of the Plan provide that upon termination of employment, participants are entitled to receive their contributions and their vested portion of the Plan Sponsor's contributions. In the event of termination of employment prior to five years of cumulative service for any reason other than retirement, death, or disability, a participant forfeits a portion of his or her balance of the Plan Sponsor's contributions. Any amount so forfeited is to be used by the Plan Sponsor as described in the Plan document

#### 1. DESCRIPTION OF PLAN (Continued)

#### Plan Termination

In the event of termination of the Plan, the amount received by a particular participant will depend on the circumstances surrounding the Plan termination as described in the Plan document. In no event will the Plan Sponsor receive any portion of the Plan's assets.

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform with generally accepted accounting principles, have been used consistently in the preparation of the Plan's financial statements.

#### Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

#### Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, unless otherwise stated. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The Company stock fund is valued at its year-end unit closing price (comprised of year-end market price plus uninvested cash position). Participant loans are valued at cost which approximates fair value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

#### Administrative Expenses

All Plan administrative expenses are paid by the Plan. During fiscal year 2003, investment advisory fees for portfolio management of Vanguard funds were paid directly from fund earnings and not reflected as a deduction from plan assets.

#### Use of Estimates

(g)

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results may differ from those estimates.

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### Payment of Benefits

Benefits are recorded when paid.

#### 3. INCOME TAX STATUS

The Plan obtained a favorable determination letter in September of 2003, in which the Internal Revenue Service stated that the plan, as then designed and subject to the adoption of certain proposed amendments, which were adopted in October of 1999 and September of 2002, was in compliance with the applicable requirements of the Internal Revenue Code.

Therefore, the Plan is qualified and the related trust is tax-exempt under Internal Revenue Code Section 501(a) as of the financial statement date.

#### 4. INVESTMENTS

The following presents investments at September 30, 2003 and 2002 that represent 5% or more of the Plan's net assets.

	 2003	2002		
Vanguard 500 Index Fund	\$ 176,948,812 \$	140,876,068		
Vanguard Asset Allocation Fund	63,325,258	52,385,636		
Vanguard PRIMECAP Fund	69,169,282	48,622,796		
INEEL Stable Value Fund	199,197,991	181,110,766		

During the year ended September 30, 2003 and 2002, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

		2003	2002
Mutual Funds Equities	\$	66,744,181 \$ (694,258)	(70,585,378) 2,528,822
	\$	66,049,923 \$	(68,056,556)

#### 5. RELATED PARTY TRANSACTIONS

( )

<u>( )</u>

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

#### 6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2003 and 2002 to Form 5500:

	<u> </u>	2003	2002
Net Assets Available for Benefits per the Financial Statements	\$	589,805,946 \$	489,781,011
Payments on Participant Loans		(3,486)	(1,245)
Net Assets Available for Benefits per the Form 5500	<u>\$</u>	589,802,460 \$	489,779,766

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended September 30, 2003 to Form 5500:

Benefit Payments to Participants per the Financial Statements	\$	24,094,436
Deemed Distributions on		
Participant Loans	·	2,241
Benefit Payments to Participants		
per Form 5500	\$	24,096,677

SUPPLEMENTAL SCHEDULES

# IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN SCHEDULE H, LINE 4i EIN 82-0334143 PN 001 SCHEDULE OF ASSETS HELD AT END OF YEAR SEPTEMBER 30, 2003

		<b>(c)</b>			
		Description of Investment			
	(b)	Including Maturity Date, Rate	•		(e)
	Identity of Issue Borrower	of Interest, Collateral, Par or	(d)		Current
(a)	Lessor or Similar Party	Maturity Value	Cost		Value
*	Lord Abbett Mid Cap Value Fund	Registered Investment Co.	**	\$	1,564,294
*	Van Kampen Agg Gwth Fund	Registered Investment Co.	**		1,128,718
*	ING Sm Cp Opp Fund	Registered Investment Co.	**		1,561,414
*	Vanguard 500 Index Fund	Registered Investment Co.	**		176,948,812
*	Vanguard Asset Alloc Fund	Registered Investment Co.	**		63,325,258
*	Vanguard Captl Opp Fund	Registered Investment Co.	**		11,454,142
*	Vanguard Int'l Growth Fund	Registered Investment Co.	**		4,144,082
*	Vanguard Morgan Growth	Registered Investment Co.	**		9,383,967
*	Vanguard Prime Money Mkt	Registered Investment Co.	**		6,316,051
*	Vanguard PRIMECAP Fund	Registered Investment Co.	**		69,169,282
*	Vanguard Ttl Bond Mkt Idx	Registered Investment Co.	**	÷	19,915,245
*	Vanguard Windsor II Fund	Registered Investment Co.	**		14,456,192
*	Participant Loans	5.0% - 10.5%	**		11,240,498
*	INEEL Stable Value Fund	Unallocated Insurance	**		199,197,991
				\$	589,805,946

<sup>\*</sup>A party-in-interest as defined by ERISA

\$ 150 \$ 150

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<sup>\*\*</sup>Cost omitted for participant directed investments

# IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY SCHEDULE H, LINE 4j EIN 82-0334143 PN 001 SCHEDULE OF REPORTABLE TRANSACTIONS\* YEAR ENDED SEPTEMBER 30, 2003 EMPLOYEE INVESTMENT PLAN

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		Ξ	Net	Gain (Loss)	₩	(4,648,923)	1	(4,220,231)	1	1	1	71,275	
(b)	Current	Value	of Asset on	Trans Date	\$ 39,123,672	34,266,392	20,375,314	15,903,163	68,585,869	50,498,646	17,441,776	13,754,309	
		( <b>8</b> )	Cost	of Asset	l •••	38,915,315	1	20,123,394	!	50,498,646		13,683,034	
<b>(£)</b>	Expense	Incurred	with	Transaction	 <del>\$</del>	l	•	1	1	•	l	1	
		(e)	Lease	Rental	1	1		ı	1	1	1	1	
		(p)	Selling	Price	1	34,266,392	1	15,903,163	1	50,498,646	1	13,754,309	
	-1 -	<b>(9)</b>	Purchase	Price	\$ 39,123,672 \$	1	20.375.314	1	68,585,869	•	17,441,776		
		(b)	Description	of Asset	Vanguard 500 Index Fund	Vanguard 500 Index Fund	Vanouard PRIMECAP Fund	Vanguard PRIMECAP Fund	INEEL Stable Value Fund	INEEL Stable Value Fund	Vanguard TTL Bond Mkt Indx	Vanguard TTL Bond Mkt Indx	
		(8)	Identity of	Party Involved	The Vanguard Group	The Vanguard Group	The Vanguard Group	The Vanguard Group	The Vanguard Group	The Vanguard Group	The Vanguard Group	The Vanguard Group	

See Independent Auditors' Report